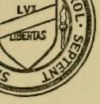

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Editorial.

A New Year and a New Century.

THE CAROLINA MEDICAL JOURNAL extends to its friends and patrons, old and new, the compliments of the season; doubly appropriate in the present instance since we are not only on the threshold of a new year but of a new century as well, and it is not every one who is so fortunate as to find himself contemporaneous with the birth of a century. As a matter of fact when we contemplate cycles of time, of which a hundred years is but as a day, and contrast it with the brief space of human life, the latter seems pitifully small and incomplete, and but for the cumulative effects of human labor and knowledge whereby the present benefits by the experience of the past, and the future will profit by both, the sum total of human endeavor would likewise be small and insignificant. Knowledge, however, is not dependent upon the feeble efforts of one individual, but results from the work of generations of mankind. Such being the case we are accustomed to regard the future achievements of the race as practically without limit, provided always that the chain of knowledge is handed down from sire to son unbroken. This optimism is nowhere more prevalent than among the students and investigators of medical science who confidently look forward to a future where many of the perplexing questions which now present apparently insurmountable difficulties, will be successfully solved. How many of these difficulties will be overcome in the new century it is perhaps but idle to guess, but if we be allowed to

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interpret the future by the work of the recent past, those of us who shall live very many years into the twentieth century will witness changes which will revolutionized the practice of medicine in most of its departments. We congratulate our readers upon the fact that they are living in the most enlightened and progressive age of which history has record: a period when science is reaching out in all directions in search of yet greater discoveries, and we hope and believe, with you, that at the end of the next hundred years the science of medicine will not be found behind her sister sciences in the benefits conferred upon mankind.

R. L. G.

Are State Medical Examinations Satisfactory as at Present Conducted ?

In regard to the Pennsylvania examinations the *Medical News* says: "The daily paper which was prominent in investigating the fraudulent examination of 1899 has come out with a statement regarding the examination of last June. The claim is made that nearly 10 per cent. of the candidates who were granted licenses at that time failed to attain the necessary average. When the members of the board met and found that the marks on the individual papers did not reach the required total, some of them were raised or the general average was raised. This was done because the political or personal "pull" of these certain candidates demanded that they pass. The allegations of the paper are presumably true, as it is known that candidates for license have been told by political friends that if they are doubtful of the result they will see that the candidates pass. This is another argument in favor of practical examinations instead of, or in conjunction, with the written ones."

The purpose of the State examination is to ascertain the applicant's fitness to practice medicine—whether or not he is a safe man in whose hands to entrust the health and lives of the people. It is not to ascertain which one of a class of applicants shall be entitled to a prize. The writer believes that the written examination of the present day is a very uncertain quantity and is by no means a certain test of a man's fitness or unfitness. Men pass the State examinations who have failed to obtain their diplomas. How do they do it? Finding that they had given too much time to dissipation, probably, while at college, and knowing that they must stand the examination, they put themselves under a quiz master, who drills them thoroughly in answering questions, but very superficially as far as real knowledge of the subjects is concerned. Rushing straightway from the quiz master to the examination room, they pass the examination and perhaps win a prize.

A man's ability to answer satisfactorily a half dozen questions on each branch of medicine does not necessarily imply that he will not make dangerous mistakes when brought into actual contact with disease, nor does the reverse hold true. No one will deny that a physician is a safer practitioner after he has practiced ten years, and yet how many after such a lapse of time could successfully stand the examinations which won their license, certainly as regards the theoretical branches, unless they made a special preparation ?

The writer believes that the purpose of the law will be better fulfilled—that the applicant's real fitness to practice can be better judged by seeing him at the bedside of a sick patient or two, than by any number of obscure and intricate questions. How much would be made manifest by seeing the appli-

cant at the bedside! His method of approaching and questioning a patient; his skill in bringing out the history and subjective symptoms; in physical examination; in the use of the stethoscope, the laryngoscope and the opthalmoscope; in the chemical and microscopic examination of the urine and the blood; in the use of the catheter, the sound and the speculum; in differential diagnosis; in prescription writing and the compounding of drugs; his knowledge of dietetics, hygiene and sanitation. He should give his reasons for his conclusions as to diagnosis and treatment, and if he deems an operation necessary should describe the operation with its technique, and should be expected to answer orally any question the examinee might see fit to ask him. In short, how can a man's fitness to practice be better determined than by seeing him actually practice?

Now, could this method be made practicable? We believe that it could be, and that it would be decidedly more convenient to both applicants and examiners, and certainly less expensive to the applicant, who is not generally in position to take no notice of the ten-dollar fee besides his travelling and hotel expenses for a week. There are generally seventy-five or eighty applicants for license, but quite a number of these have already secured a temporary license. Of course it would be impracticable to have all these meet at the same time and place, for there is no hospital in the State that could furnish sufficient material with which to conduct the examination. Two examiners could be appointed in each of five towns where a hospital exists. They should hold themselves in readiness during a specified week to give immediate attention to any applicant. The applicants could present themselves to those examiners most convenient to them. One examiner could attend to four applicants daily and still have some time left to devote to his private work. Thus, in three days, the ten examiners could pass judgment upon one hundred and twenty applicants, incur no railroad and hotel expenses, nor the displeasure of valuable, if exacting patrons. A fee of not more than five dollars should be required of all applicants whether granted a license or not. An applicant should be allowed to present himself for examination at any time and be granted a permanent license, if found qualified. Why should a man be allowed to practice eight or ten months if he is not qualified to practice after that time? And still it is not right to require a man to sit in idleness several months waiting for the board to meet?

The marking of an examination paper is necessarily arbitrary, and we have often asked ourselves what would be the result were a set of papers to be read and rated by two members of a board, the one not knowing the rating given by the other. R. D. J.

Dying Declarations.

In *The Medico Legal Journal* for December, 1899, Andrews J. Hirshel, Esq., of Chicago, writes instructively and entertainingly on the above subject.

He first tells us that the value of dying declarations, legally considered, is at present limited. They are only permissible as evidence in criminal cases and even then only in homicides. To be legal and valid the declaration must have been made with the patient knowingly "in extremis" without the slightest hopes of recovery.

It is thus seen that he who would make a dying declaration which could stand as evidence must necessarily "leave all hope behind."

Now, as physicians, we are often put in the embarrassing position of having to determine whether we shall run the risk of losing important evidence for the State by postponing our announcement of impending death until the patient is too far gone to give intelligent information on the one hand, or, on the other, losing the assistance of the element of hope in our fight against death, if the patient has a ghost of a chance—and how often are we able to say absolutely that our patient has not that?

We have known a patient to live several days with a 38-calibre bullet imbedded in his heart muscles, and there are cases on record of recoveries from such a condition.

We have seen a patient shot through the brain recover completely.

Indeed, there are instances too numerous to mention where patients have survived apparently mortal injuries.

Admitting, then, the impossibility of our being able to say positively beyond all peradventure that a certain class of cases will or will not terminate fatally, and recognizing, as we all must, the potency of a hopeful condition in our patient: it necessarily follows that there will be cases under the existing laws where we must choose between our duty to the, legally considered, dying and our duty to the State.

To obviate this condition of affairs Mr. Hirschel proposes giving physicians the power to swear patients and take their evidence without necessarily bidding them abandon all hope. He advocates that physicians should be empowered to go even farther and cross-question their patients.

This will add additional responsibility to our already over-burdened profession, but on the other hand it would certainly seem to be a good thing for the State—for two reasons:

First, for the reason alluded to above, i. e. that we would not be compelled to choose between the patient and the State.

Second, because physicians are, generally speaking, much better able to discriminate between the patient who is capable of testifying intelligently and the one whose delirium or passion renders his evidence untrustworthy.

When we reflect that in a homicide where there are no witnesses the whole evidence of the State might rest on the dying declaration of our patient, and consequently the life of an individual may rest on our testimony, hence we can see the importance of properly weighing a patient's utterances, and the attention this matter should receive at the hands of our profession.

Palatable Prescribing.

Despite the fastidiousness of the modern stomach and the immense improvements at our command in the way of concentrated extracts and alkaloids as well as in vehicles, many doctors pay but scant attention to the art of palatable prescribing.

With the exception of that small and more or less ignorant class who doubt the virtue in any remedy that has not a bad taste, few minor qualities so recommend a physician to his patients, especially the children, as the ability to prescribe pleasant medicines in concentrated form. It has been often said that most of the popularity of homoepathetic remedies is due to the ease with which they may be administered. The regular profession have in great measure come to realize this, and with the elegant pharmaceutical preparations now at our disposal have forever done away with the old-time draughts and follies. Dr. Herman B. Shef-

field in a recent article considers the ordinary remedial agents employed in treating children with reference to their palatability, and makes suggestions as to adjuvants and vehicles. Of the simple bitters, with the exception of nux vomica and some of the aromatic group, he holds none of them in high estimation for use in the case of children. Quinine by rectum with a few grains of salt and the white of egg is said to act very efficiently and does away with the difficult task of having it retained on an irritable stomach. The writer thinks that mineral acids are too much neglected in the case of children, as they are easily administered in conjunction with an elixir and may often advantageously replace the less palatable bitter tonics. Among the iodides the syr. ferri iodide with glycerine is regarded as a very efficient and pleasant remedy. Calomel is referred to as the pediatrist's panacea, always easily administered and effective. Cod-liver oil is admitted to be impossible of disguise and holds on to its repulsive taste despite any possible additions in the way of aromatics and syrups. A good suggestion is made that with a very irritable stomach the ordinary dose should be divided, a few drops being administered every few minutes until the whole is taken. By this means the medicine will then be retained. In speaking of expectorant mixtures the author says it is cruel to prescribe the carbonate or chloride of ammonia for a child when the much more pleasant aromatic spirits will accomplish the same result. A little more thought and some pharmaceutical experimenting will enable any of us to relieve our patients to a very considerable degree of one trial of the sick, the taking of nauseous medicine. It is perhaps a small matter in contrast with some other things that usually occupy the doctor's thoughts, but palatable prescribing will pay a very good dividend on the outlay of brains and trouble. R. L. G.

OUR BUSINESS SIDE.

The year 1900 brought this journal many new subscribers and a goodly number of new advertisers, and we hope to please all of them. A few changes in the make-up of the JOURNAL will be noticed in this, the initial number of the new century, and we trust these will be acceptable to our readers. Many subscription renewals are due with this number, and we hope each will renew promptly or advise that the JOURNAL is no longer desired. We are ever making an effort to obtain new readers, but we are more desirous to hold our old friends and trust *not one* will drop us. If you do not receive this JOURNAL regularly kindly drop us a card and we will look into the matter.

A New Treatment for Colds.—"Colds" have ever been with us in their proper season, and very often at other times. Perennially, there appears a crop of new remedies or treatments for "cold." The fact of this repeated cropping up of the best cures is conclusive evidence of the inefficiency of those that came before. Recognizing this fact, it is with some misgivings that we venture to raise fond hopes of having really found a reliable cure for colds, but we will give one that has stood the test for eleven years, at least so says its author.

The remedy consists in giving 30 grains of potassium bicarbonate every four hours in a glass of milk or cold water. The patient should rest for one or two days, and subsist on a concentrated liquid diet, all solid food being rigorously interdicted. This is the suggestion made by Dr. Stephen Harnsberger, of Catlett, Va., in the *Philadelphia Medical Journal* of Nov. 10, 1900.

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A Case of Syncytioma Malignum with Metastastes in the Vagina.

By H. A. ROYSTER, A. B,, M. D., Raleigh, N. C., one of the Visiting Staff, Rex Hospital; Surgeon-in-Charge, St. Agnes' Hospital, and R. H. WHITEHEAD, A.B., M. D., Chapel Hill, N. C.

The following case presents no unusual features and contributes nothing new to what is already known on the subject. It is deemed worthy of record because it is the first of its kind thus far reported in North Carolina and may, therefore, prove interesting and instructive to those whose attention has not been directed to this form of malignant growth. In order to afford a clear understanding of the condition, it is well to notice in detail the

History of the Case.—The patient was referred to me by Dr. A.W. Goodwin, of this city. She had been sent to him by Dr. T. H. Avera, of Eagle Rock, to whom and also to Dr. H. H. Marshburn, of Pett, we are indebted for the following facts: Mrs. M., age 37, previously healthy, gave birth to her sixth and last child on February 19th, 1900. She was attended by a midwife and convalesced normally up to the fifteenth day, when, the lochia having all but ceased, she had a sudden hemorrhage from the uterus. Ergot was administered without avail, and the hemorrhage continued unchecked up to her admission to Rex Hospital on July 21st, 1900. There Dr. Goodwin first curetted her womb without anesthesia. At this time no sign of any abnormality was present, but ten days later there appeared in the upper anterior part of the vagina a moderately hard swelling, the size of a large hickory nut. The mucous membrane overlying it was intact.

First Operation.—The uterine hemorrhage recurred and I was asked to see the patient on August 4th. Meantime the vaginal tumor had ulcerated so that an irregular raw surface was exposed. The uterus was enlarged and tender; the cervix was lacerated, while a bloody discharge escaped from the os. The woman exhibited marked anemia, if not a pronounced cachexia. She also had hemorrhoids. On Aug. 6, under ether anasthesia, I performed a thorough curettage, excised the vaginal tumor and ligated the hemorrhoids. The uterine scrapings were of a granular, hemorrhagic character and abundant. Unfortunately they were destroyed before a microscopic examination could be obtained. In

removing the tumor an elliptical incision was made around it, the mass drawn forward and carefully dissected up from its base. At the upper part terrific hemorrhage ensued from a network of veins underneath the urethra, being finally controlled by the introduction of the catgut sutures which closed the wound, but not until sufficient bleeding had occured to affect the patient's pulse. A small piece of the tumor was left behind in the region of the venus plexus. With the exception of this spot the wound healed by first intention and there was never any more hemorrhage from the uterus. The patient was kept in bed, fed judiciously and given tonics. Her general condition began to improve.

Second Operation.—In two weeks, however, a second tumor of the same character and about the same size was noticed in the posterior and left lateral region of the vagina. This was removed by excision August 24 and the vaginal wall sutured with catgut as before. There was no undue amount of bleeding. The remaining portion of the former growth was also extirpated and its base, which encroached upon the urethra, touched with the Pacquelin cautery. Both wounds healed nicely. After ten days the patient left the hospital and went to her home in the country. She became rapidly weaker, had several attacks of hemoptysis (due evidently to metastasis in the lungs) and at last died of exhaustion September 24. It was impossible to secure an autopsy.

Clinical Remarks.—The discovery of the syncytioma malignum is of comparatively recent date. It was only in 1888 that Sanger reported his first case. Since that period many observers have noted the occurrence of this growth. The first case reported in this country was by Williams, of Baltimore, in 1895, whose monograph furnishes valuable information on the subject. The cause of these growths is unknown. They follow some form of pregnancy, whether it goes to full term, ends in abortion or results in the expulsion of a hydatidiform mole. They occur chiefly in women under middle life and are rapidly fatal, running a course of from three to six months. Persistent hemorrhage from the uterus, following pregnancy, is the only constant symptom and occasionally even this is absent. Metastases in the vagina, external genitals or lungs soon appear and evidences of malignant disease are manifested. The diagnosis of these cases in the later stages may now be made without difficulty, but at the onset of symptoms it can be determined only by a microscopic examination of the scrapings from the uterus. When the diagnosis is made early, before metastases have occurred, the proper treatment is immediate removal of the uterus and its appendages. After the formation of metastases, the prognosis is always unfavorable.

Pathological Report of Dr. Whitehead.—The tumors when received by me had been cut into slices and hardened in alcohol. The gross appearance of the cut surfaces was that of old blood clot. The microscopic examination shows that the great bulk of the tumors is furnished by clotted blood and necrotic tissue; but here and there in nearly every section are found small collections of cells very striking in appearance. These collections may be divided into two categories of cells. In the first variety (Fig. 1, A) the nuclei are fairly regular in size and shape, being large and spherical; they stain well showing many large and small grains of chromatin. The cell-boundaries are not always distinct, but many of the cells are well outlined. Immediately around the nucleus the protoplasm is often quite clear, elsewhere finely granular. In the second variety the cells have formed a true syncytium—cell-bound-

aries are completely absent, and there is a continuous mass of protoplasm holding numerous nuclei (Fig. 1, B).

FIG. 1. Section through a collection of tumor cells.

The latter are quite irregular in size, and tend to be spindle shaped; they stain deeply, as a rule, and contain large chromatic masses and granules. The protoplasm of the syncytism is coarsely granular, and in many places the grains are arranged in such a way as to give the appearance of longitudinal striation. Large multinucleated masses of protoplasm (giant cells) and large spindle cells are found occasionionally at quite a distance from the main collections of cells. The cellular masses possess no blood vessels and contain no proper stroma.

Although no autopsy was obtained, the clinical history of the case indicates clearly that the vaginal tumors were metastases from a primary focus in the uterus; and the histological examination shows that we are dealing with that unique tumor variously called deciduoma malignum, sarcoma deciduo-cellulare, chorioepithelioma, and syncytioma malignum. The first two names, due to the supposition that this variety of tumor originates in the decidual cells of the uterus, are not so much used as formerly as it is now generally held that the epithelial investment of the villi of the chorion is the true source of these tumors.

The chorionic villa, in the earlier stages of pregnancy, are covered by two distinct cellular layers (Fig. 2). In the deeper of these, known as Langhans' layer, the cells have, as a rule, distinct boundaries, unusually clear protoplasm, and large nuclei. The superficial layer, on the other hand, is a true syncptium with deeply staining nuclei. The exact source of the two layers is still a subject of dispute, but the preponderance of evidence favors the view that they are fœtal in derivation,

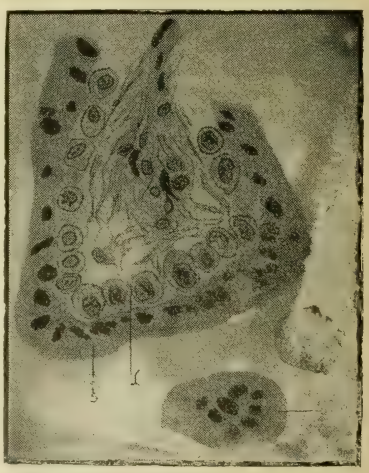

FIG. 2. Villus of Chorion (embryo four weeks old). L. Langhns layer. S. Syncytium. S. b. Syncytial "bud."

being furnished by the ectoderm. It does not seem improbable that the syncytium is formed by the cells of

Langhans' layer after the manner of the parablast in fish eggs—as has been suggested by Herzog.

During the early months of pregnancy the epithelial covering of the villi is quite active, assisting in the union of the fœtal to the maternal portion of the placenta, and perhaps corroding the walls of the blood vessels in the decidua serotina, so as to establish openings from them into the intervillous blood spaces. Frequently portions of syncytium in the shape of "syncytial buds" or giant cells are found at a considerable distance from the villi.

Under conditions by no means well understood this epithelial investment of the chorion may assume malignant properties. Then the cells rapidly invade the walls of the uterus, attack the blood vessels, and soon give rise to metastases; and there is produced the very curious phenomenon of a tumor which originates in a fœtal structure attacking the maternal organism and leading a parasistic existence therein. The cells in the secondary exhibit the tendencies observed in the primary growths to attack the blood vessels and to form syncytium. Consequently a marked clinical feature of these tumors is their hemorrhagic character. To the naked eye they may appear simply as blood clots—even with the microscope it may be difficult to detect the cells in some sections.

These tumors frequently arise in connection with the so-called uterine mole, but often occur after apparently normal pregnancies; indeed, one or two cases have been reported in which the primary tumor was not located in the uterus at all, but in one of the lungs: a villus, swept off into the circulation, had formed an embolus, and from it as a focus the tumor had developed.

One of the most common sites of the secondary growths is the wall of the vagina; so that the presence of a markedly hemorrhagic tumor in the vagina points strongly towards syncytioma malignum.

The Management of Cardiac Dilatation.

By Herman B. Allyn, M. D, Philadelphia; Instructor in Physical Diagnosis, University of Pennsylvania; Clinical Professor of Medicine, Woman's Medical College; Physician to St. Joseph's and the Philadelphia Hospitals.

In the management of cases of cardiac dilatation much depends upon whether or not the dilatation has been preceded by disease of the myocardium or by an acute infectious disease. If the heart has been sound, and is simply overstrained, nothing may be required but rest for a short time. Acute dilatation arising from great exertion is common among athletes, and it occurs also in persons who attempt the ascent of high mountains without preliminary training. Clifford Allbutt[1] gives a graphic account of an acute dilatation which he suffered as the result of running a long distance to catch a train. He was encumbered at the time with a heavy bag. The dilatation was marked, but subsided in a few hours. I have had no personal experience with dilatation in athletes, but it is said to subside very rapidly and generally to leave no bad consequences. Perhaps the integrity of the myocardium may be inferred from the rapidly with which the dilatation subsides.

Stengel's paper,[1] which has come to hand only since this article was written, indicates that in some cases the enlargement may be permanent. He is not so confident as is Allbutt that the dilatation sustained by athletes leaves no bad after effects.

In persons past middle life dilatation is very common. It occurs as

[1] System of Medicine, edited by T. Clifford Allbutt, 1898, Vol. VII.

the result of apparently trifling causes. Running a few steps to catch a car; shovelling snow; house-cleaning, depressing business cares, fright, sudden news, sorrowful or joyful, and any intercurrent acute diseases, particularly influenza.

Da Costa has in his Toner Lecture and elsewhere called attention to the evil effects of strain and the many ways in which it may arise.

Attention should be given first to the blood-vessels. If persistent high tension, with or without arteriosclerosis, has preceded the dilatation, more ultimate benefit will be obtained by measures directed to the blood-vessels than to the heart. In such cases there is always hypertrophy with the dilatation, and as soon as the balance of the circulation has been restored by rest, possibly with heart-tonics, the patient should be put upon a regimen to lower blood-pressure and retard the progress of this arteriosclerosis. Apart from heredity, the most frequent causes of high tension and arteriosclerosis are toxic,—alcohol, lead, syphilis, gout, rheumatism, defective metabolism (lithemia). Removal of the cause will not always remove the effect, but it will stay the progress of the condition or at least retard its development.

I believe exercise beneficial in these cases. The decision as to permitting it in cardiopaths is to be reached by estimating the strength of the heart and the causes of its weakness. If the heart shows hypertrophy with dilatation, but passive congestions are absent, and the cardiac dilatation has followed high tension in the blood-vessels or arteriosclerosis, I believe exercise will do good by favoring elimination and lowering tension, and so retarding the progress of the arteriosclerosis. The amount of exercise will depend upon its observed effect. If the patient is invigorated by it and his heart strengthened, the exercise may be continued; if the heart tends to fail under it, it should be stopped. The temperament and occupation of the individual should be considered. Too much restriction in some persons begets so much mental depression that this alone may do more harm than moderate exercise.

Exercise should, however, be graduated, and never involve sudden exertion. Allbutt declares that habitual muscular exercise tends in the main not to raise but to reduce mean arterial blood pressure. Exercise also favors complete tissue change and promotes excretion; it keeps the fires bright and prevents the formation of clinkers. Walking in the open air, gymnastic exercises, such as Schott has particularly advised, and, if he already knew how, even bycicle riding may be permitted under supervision. As to the latter exercise, the temperament of the individual must be considered. If he can be trusted to ride according to direction, no harm will result; if he cannot be so trusted, he would better not ride at all. Riding on a level or on very easy grades over asphalt or brick pavement involves less strain than walking, and to many is a more agreeable form of motion.

Baths are distinctly helpful. The simpler of the Schott baths, those containing from four to six pounds of salt and six to ten ounces of chloride of lime to forty gallons of water, may be used with great benefit in the homes of patients. The water at first should be from 90 to 95 degrees F., but may be made from 80 to 90 degrees later. The duration should be from five to eight or ten minutes. After the bath, the patient should lie down on a couch for an hour or two.

The Schott gymnastic exercises consist of the motions of extension, flexion, and rotation of the arms, trunk and lower limbs, each motion being performed by the patient against gentle resistance by the doctor or nurse, a brief interval of rest being

[1] Amer. Jour. Med. Sci., Nov. 1899.

allowed between each motion. No part of the body should be constricted; the patient must breathe regularly and easily, and the exercises should at once be stopped on the appearance of any sign indicating cardiac embarrassment, such as yawning, cyanosis, or palpitation. The number of the exercises and their duration must be determined by the condition of the patient. I have had very little experience with these exercises. They would seem to be appropriate in conjunction with the baths, especially for those patients whose hearts are too weak for out-door exercise.

The diet in cardiac dilatation should be nourishing rather than abundant, and should be selected so that if possible there shall be no fermentation. In acute dilatation it is, of course reduced to its simplest forms, for the patient is confined to the house, if not to bed. If milk is well digested it should be preferred; but many patients, especially among those past middle life, do not bear milk well. It make them, as they say "billious," that is, it produces constipation, with acid stomach and flatulence. Such patients may do better on a good, home-made beef-tea, beef-juice, or meat-cakes made of minced meat. Bread and butter, baked potatoes, mutton-chops, steak may all be allowed if the patient is well enough to eat meals. Much fluid is to be avoided, especially when edema is present. Fruit may be allowed before breakfast or between breakfast and the mid-day meal; but should not be taken immediately after meals or after the middle of the day. The middle of the day is the best dinner hour for cardiopaths, and dinner should be without dessert. The evening meal should be a light one. This arrangement throws the chief work of digestion upon the organs when they are at their best, and promotes sleep. All fried foods, rich foods or gravies; salads of lobster, chicken and potato, pies, cakes, candy, and pastry should be shunned. The simple puddings of rice, bread, tapioca, or the custards are better eaten as lunch, or for tea, than as dessert for dinner. Acids also should be avoided, especially after meals. Tea and coffee in moderation may be taken, if experience shows that they are not harmful. A dry sherry, whiskey and brandy are the best forms of alcoholic stimulants, but are not often needed until after middle life.

Bloodletting has long been accepted as a very important remedy when the heart is dilated and there are passive congestions and dropsy. It is especially valuable in dilatation of the right heart when there is still considerable tension. It probably acts on the arteries in two ways—by lessening the total volume of blood to be propelled, and so diminishing the labor of the over-strained heart, and also by removing some poisonous products of defective metabolism. I have seen good results follow its use. Almost always the patient expresses himself as feeling better some hours after bloodletting. There is less embarrassment and oppression of breathing, and the pulse becomes more regular. It is true that some patients die suddenly within a few days of a venesection, just as the negro did whose case was reported in a previous paper. We may suppose in these cases that there was not sufficient recuperative power in the heart to permit of recovery, even though it was relieved of some of its labor. Venesection is usually put off too long, and an insufficient amount of blood withdrawn. It is not to be performed in the old or very young. Leeches to the epigastrium may be employed when venesection would be too great a shock. The amount of blood to be withdrawn depends upon the plethora of the patient and the effect noticed. Sufficient should be withdrawn to make the pulse softer and more regular and lessen the difficulty of respi-

ration. Six ounces will be sufficient in some cases, others may require twice that.

[1]F. A. Packard and F. P. Henry have both written strongly in favor of venesection in suitable cases.

The medical treatment of cardiac dilatation comprises the use of remedies to strengthen the heart, relieve passive congestions, and remove as far as may be the conditions which produced the dilatation.

In cases characterized by high tension and arteriosclerosis, the nitrites or iodides should be given in sufficient doses to secure the desired result. Laxatives and occasional purgatives often do more good than remedies addressed to the heart. Calomel or blue mass, followed by a saline, sometimes is the best heart-tonic in old persons whose weak hearts have followed a well-fed life. It is also true that when there is general dropsy and the kidneys are in good condition, calomel in one or two grain doses every night, or every second night, is one of the most reliable diuretics we possess. I have never seen salivation result; but the risk of it may be lessened by careful cleansing of the mouth and teeth.

Digitalis is the most used and abused of cardiac tonics. Attempts have been made to limit its use to certain valve diseases. But the truth of the matter has been very well expressed by Dr. F. P. Henry (System of Practical Therapeutics, Vol. IV, p. 387), when he says: "The indications for digitalis are to be found only in the functional capacity of the cardiac muscle. When it is working regularly and overcoming the valvular obstruction without exhausting the reserve force inherent in every heart, digitalis is useless, and may be injurious. When the heart is excited in its action—that is, when it is making superfluous efforts to overcome the obstruction, provided this coincides with increased arterial tension—digitalis is decidedly injurious. When the arterial tension is low, and the whole circulation is approaching a venous type, digitalis is decidedly beneficial. These statements apply to all cases of heart-disease, irrespective of the particular valve or valves involved." Da Costa has expressed very nearly the same opinion.

Digitalis is pre-eminently indicated in dilatation, no matter from what cause; but it must be given with discretion and with regard to the condition of the myocardium, as well as to the urgency of the case. If there is high arterial tension, it should be given with vasodilators, either in direct combination or alternately. The preparation to be used will depend largely upon the personal experience of the physician. I have used the tincture most frequently. It has seemed to me somewhat better borne by the stomach than the fluid extract. Some physicians of wide experience prefer the powder; and it is reasonable to suppose that it contains some active principles which the tincture and infusion do not. Merck's German digitalin, the virtues of which have been made known in this country by Dr. Henry Beates, seems to act as well as digitalis. A patient, with dilated heart and pregnancy, took it for weeks with decided benefit. It is painful when given hypodermically, and occasionally causes abscess. I have never used the larger doses recommened by Dr. Beates, but have obtained good results from one-twelfth grain doses, given three and four times daily.

Strophanthus acts so much like digitalis that there is nothing gained by its use. It is, however, laxative, and may be used in preference to digitalis when the bowels are constipated. Sparteine and caffeine are heart stimulants which are especially serviceable when diuretic action is desired.

I have said nothing of strychnine

because such a good student of heart diseases as Roland G. Curtin tells me that he thinks it is not a heart tonic, i. e., it has no action upon the heart muscle which it has not upon every other muscle—and that Huchard and Sansom are of like opinion.

How long should heart-tonics and stimulants be given? This depends upon the condition of the myocardium and the cause of the dilatation. In acute cases the result of strain, when the heart muscle is good, they are needed only for a very short time. Physical and mental rest is usually all that is necessary. In dilatation which is secondary to valve lesions, after compensation has been restored, the patient may get along indefinitely without cardiac tonics, or he may need them occasionally, or practically continuously. The patient should be kept under observation; and if the heart performs its work without embarrassment, and dilatation shows no tendency to recur, he may be allowed to go without cardiac tonics. If, on the other hand, and this is often the case, omission of heart-tonics for two or three months allows dilatation with its train of symptoms, to recur, even though in mild degree, then the patient should take a heart tonic for one month out of every three or four, or continuously if it is found necessary or the patient is found to be better for it.

In the dilatation which is the essential part of the senile or gouty heart, continuous medication is often necessary and highly beneficial. Generally, digitalis should be given with nitro-glycerine or an iodide, or the former should alternate with the latter, according as the heart or the blood-vessels need the more attention. Minute doses of arsenic (one one-hundredth grain, (as recommended by Balfour, are often of value.

I have never seen cumulative effects from digitalis, though I have had patients taking it practically without intermission for years. It keeps the heart up to its work, overcomes existing dilatation, and helps to prevent a recurrence. This is in accord, I believe, with the experience of most physicians, as collected by Dr. Hare.

A Plea for the Early Treatment of Hypertrophied, Faucial and Pharyngeal Tonsils.

By L. E. Norfleet, M. D., Tarboro.

For the last few years many of our most eminent specialists have been endeavoring to impress on the profession at large the importance of recognizing and treating the hypertrophied, faucial and pharyngeal tonsil early enough to prevent injury to the parts, but as yet, to judge from my limited experience, there are a woeful number of neglected cases in every community.

Having for several years made a special study of this class of cases I am moved by this state of affairs to give a short history of seven cases, taken from my note book.

Case No. 1.—H. S., a boy, 14 years of age, came to see me in 1897. He has a family history of tuberculosis. Was then almost girlish in appearance and habits. A wide, open mouth gave him a stupid frog face—thin and anemic. He had been under treatment by a specialist in Richmond, and another of N. C., for purulent otitis media, and they, he says, only examined his ears and did not even inspect his nose or throat, but advised boric acid insufflation, with politzerization. He was steadily growing worse. Examination showed both tympani almost entirely destroyed; a profuse, foul, purulent discharge filled the canals, and his hearing for a watch (Waterbury) tick was reduced to four inches. Both of the lower nasal turbinates were enlarged, and for this the galvano cautery was applied. In his throat two immense tonsils

blocked the way to the post pharynx. These were immediately guillotined. I now found the post nasal region filled with adenoids already beginning to atrophy; these were removed by the curette. As the ears were in quite a bad condition I sent him on to Baltimore to a aural specialist, who very kindly commended my work, and after removing an aural polypus and granulating tissue returned him to my care. It was most gratifying to watch the result of this treatment. The boy said he did not know before what it was to eat and swallow a meal with comfort. He rapidly developed in every way, after the establishment of nasal breathing, and now the same treatment as before advised cured his running ears very promptly and brought his hearing up to 24 inches. He has gained flesh and blood and can rough it with any 17-year-old boy. He has been one of the best "ads" I could have had, and his whole family sing my praises.

Case No. 2.—K. W., a girl 8 years of age, brought to me because of her being a mouth breather, subject to "night terrors" and having numerous attacks of "sore throat" and "colds." Family history of deafness. Fine, healthy and intelligent looking child, except somewhat anemic. Voice as gruff as a man's; nasal orifices small and alae thickened from non-use; both tonsils very much enlarged, pitted and filled with cheesy plugs; these (tonsils) were at once removed. From the pharyngeal vault there hung down a fungus-like growth covered with a calcareous scales, which was removed with a curette. An alkaline spray was now ordered and for six months she has been free from sore throats, colds and night terrors, while she breathes through her nose, and her voice is assuming a natural tone. Her anemic condition is also rapidly improving.

Case No. 3.—A. F., boy 5 years old. Parents brought him to me because of recurring earache, night terrors, picking at his nose, and they thought he might be a "little deaf." Family history of deafness. Boy small for his age, but rosy and bright when you can attract his attention. Ears appear normal, but absolutely cannot hear a watch even when pressed against his head, or moderate conversation unless the speaker be directly in front of him. Nasal bones are normal, but covered with crusts; breath somewhat foul; tonsils normal, but post nasal space packed with adenoid tissue, which was curetted out. Alkaline sprays and occasional politzerization for six months have brought his hearing for a watch to four feet, have stopped the nose picking, earache and night terrors entirely, and cured an inattentiveness for which he had often been punished and which was really due to his "little deafness."

Case No. 4.—A girl of 7 years. An exact repetition of No. 3, except that she has a family history of tuberculosis. An examination showed the same state of affairs and the same line of treatment lead to equally brilliant results.

Case No. 5.—L. P., girl 7 years of age. Mother says she had tonsillitis when six weeks old, and has had it off and on ever since. She often thinks the child will suffocate when asleep, from the moans and cries she utters. Lately has noticed that child is growing deaf, and that her breath is very fœtid. Examination shows a very small, anemic child with the typical frog face of one suffering from adenoids, ears appear normal, though hearing for watch is only four inches, nose thickened and orifice small, turbinates normal in size, but covered with foul crusts, mouth wide open and on the left side an immense tonsil ulcerated and filled with cheesy plugs, the right tonsil very little enlarged. The posterial pharynx was covered with ulcerated patches and coated with a thick purulent dis-

charge, horrible in odor, naso pharynx normal. I at once did a tonsilotomy, which operation gave my patient absolutely no pain, she only evincing surprise at the jar of the tonsilitome and the flow of blood which followed. The usual after treatment was adopted and now she sleeps like a kitten and is growing as fat as a pig. Her throat at once healed over and is now, at the end of three months perfectly clean and sweet. Hearing now four feet.

Case No. 6.—P. S., a boy, 8 years of age. Brought to me for noisy breathing while asleep, night terrors and frequent sore throat. He is a fairly large boy, but markedly anemic. Examination showed enlarged lower tubinates with crusted surfaces; throat normal, except for adenoids in post nasal space. The usual treatment enabled him to breathe through his nose, induced quiet sleep and for six months he has had no sore throat, while his color improves daily.

I have selected the above six cases from many others as illustrating fairly well the various phases these patients may present to us, as to lesions and symptoms; but when we come to the result of our treatment they all did well. Now to contrast these with the result of our treatment with certain others I will group the latter under the heading of

Case No. 7.—Age 20 to 40 years. Name, Legion; male and female, appearance, anemic, wide open mouth, fœtid breath, and of a dull, stupid look. They complain of frequent attacks of bronchitis and choryza, are dyspeptic, more or less deaf, with a purulent discharge from their ears or el se with a glazed tympanum, complain of intolerable noises. The enlarged adenoids, especially interfere with breathing, and thus indirectly lead to imperfect mastication and chronic nasal catarrh.

More or less of the nasal and tonsillar discharge finds its way into the stomach leading to serious diseases of that organ.

When we come to examine the ears we will find perforated tympani, with a foul discharge or else glazed, anemic drums with head noises, and in both conditions more or less deafness. The nose will show by hypertrophic or atrophic turbinates. In the throat we will see large pitted tonsils, and in the post nasal space the atrophed remains of the adenoids. Of course, I don't want to be understood as saying every one of these cases have all of these symptoms; they may have one or more.

The treatment will be the same as that of No. 1 to No. 6, but the results will not be brilliant, and we will only be able to stop the otitis media, make the patient a nose breather and somewhat lessen the tendency to bronchitis and dyspepsia and possibly prevent a case of systemic tubucular infection.

Warned by this contrast I would beg physicians to examine more closely children exhibiting symptoms of nose and throat troubles and either treat them at once or else send them to some one who can and will do so, and thereby prevent case No. 7 from ever existing.

Only a few days ago a child, whose grandfather and father have died within four years of pulmonary tuberculosis, was brought to me with a nose entirely blocked with ulcerated and enlarged turbinates, tonsils enlarged and adenoids present. A brother physician had, after turning the nose up to the light, prescribed tinc. iron, and said "he would outgrow the distress these conditions were caressing." The mother was not satisfied, however, and brought the child to me. Was this a fair way to treat this patient? I doubt if any one will say yes; yet I see many such cases in a year, and as I stated before, am moved by their existence to plead with my brother practitioners not to put them

off with a tonic prescription or the false prognosis that the child will outgrow the condition.

Drinking-water and the Mosquito as Causes of Malarial Fever.*

By CHARLES R. GRANDY, Norfolk, Va.

Malarial fever is a disease in which we all take interest, for we find it all around us and have to be continually fighting it. But we have to confine our efforts for the most part to curing a case of fever which has already developed, as little success has crowned the labors spent in trying to prevent its occurrence. And this is due to the fact that we have not known the way in which the disease was contracted, and hence we have had to let it show itself before we could begin to combat it. It is like a guerrilla war, in which we do not know the enemy's stronghold, and where we consequently have to wait until we are attacked. When the fever does appear we are usually able to check its further advance, or to conquer the individual case. But so long as his stronghold remains in tact, we must expect fresh raids from our enemy and we must perforce always act on the defensive, and fighting thus we can never really hope to conquer. Very naturally we have long been trying to discover this stronghold and the way our foe has been able to move unperceived until the damage was done. And often we have proclaimed that our efforts have been successful, but just as often have found that what we thought the great fortress was merely an outpost, or perhaps on further investigation we found that our enemy had really never been there at all.

Some years ago we all considered that malaria came as a miasma, an impalpable poison, which entered our systems when we breathed in the damp air rising from swampy ground. This theory acknowledged that our our enemy's stronghold was impregnable, for how can we fight a thing we cannot reach? But on closer scrutinty we find that this miasma theory only said that malarial fever came from a poison we could not touch and could not recognize, or in plain English that we did not know the cause. It received its death blow when the organism, usually known as the plasmodium malariæ, came to be recognized as the true cause of the fever; for the miasma theory was never more than a makeshift, which was taken up because we knew of nothing better. It had no ground to rest on, and had to be given up as soon as the real cause of the fever began to be understood.

Different investigators studied the malarial organisms, found out its mode of life in the body, and were thus able to account for the symptoms which occur in malarial fever. But one point remained to be answered —how does the plasmodium get into human blood. In other words we had discovered who our enemy was, and what he looked like, but we had not discovered whence he came or how he came.

With this knowledge as a base of operations, the quest for out enemy's stronghold started afresh, and with renewed vigor, but somehow or other he always managed to elude us and to put us on a false track. Grasping at straws we began to work by analogy, which is often very helpful, but which may lead us very far from our goal. Thus malarial fever and typhoid fever were considered as near akin, and indeed they are often confounded at present, for in my humble opinion much of our continued malarial fever is in reality a typical typhoid, as are the cases

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often designated as typho-malarial fever. Consequently when the cause of typhoid fever was found to lie in impure water, it was quite natural to look for the cause of malarial fever in the same water. This opinion was strengthened when it was found that the inhabitants of markedly malarious districts as a rule used very questionable looking water. This water was usually obtained from shallow, open wells, or from surface drainage springs, lying very often on the edge of a small stream or marsh. Then, notably through the efforts of the North Carolina Board of Health, driven wells were sunk, the old water sources given up, and the health of many of these localities was greatly improved. Seeing this improvement we were strengthened in the belief that malarial fever as well as typhoid was a water-borne disease. But soon it was observed that pure water did not give absolute immunity from malarial fever and other causes were sought for.

The mosquito has long been suspected of having something to do with spreading malarial fever, but there were many objections raised to this, and indeed little attention was paid to the mosquito theory until 1898–1899. At this time it was proven that malarial fever could not only be produced by the direct injection of malarious blood into the veins of a healthy person, but that it could also be diseminated by a certain variety of mosquito, the anopheles. I will not go into the history of these investigations, for you have repeatedly heard and read of them, but I trust you will excuse a short synopsis of the mosquito theory, as it will tend to explain what will follow. If a mosquito of the genus anopheles takes malarious blood into its stomach, the malarial organisms, having freed themselves from the blood corpuscles, invade the the stomach walls of the mosquito, develop there, and in about ten days time produce a number of small, actively mobile, thread-like organisms, which pass through the blood vessels into the parotid gland of the mosquito. Thence they are injected into the blood of any man, whom the mosquito should bite, the salivary fluid being used as a lubricant and to help the flow of blood. After some little time this second man develops the same variety of fever, as the man from whom the original parasites were obtained. All this has been proven by actual experiment, and the fever transferred from the sick to the well. Thus mosquitos, infected in Rome, have been taken to London and have produced Roman fever in a man who had never been to Rome in his life, and who had never suffered from malarial fever in any form. The same kind of organisms were found in his blood as were found in the blood of the patient at Rome. In connection with this it might be well to mention that the culex is entirely incapable of transfering malarial fever, as it digests the plasmodia along with the blood corpuscles. It seems too that only the female mosquito is guilty, the male being a strict vegetarian.

Thus it is proven beyond a doubt that malarial fever can be transferred from one person to another by the anopheles. But is this the only way in which malaria can be contracted? May not some of the cases be caused by drinking-water as well as by these mosquitos? The Italians themselves, who have done most of the work on this subject, do not claim that it has been proven that malarial fever is only transferred from man to man by direct inoculation, though they evidently believe this to be the case. Realizing this, the writer tried last summer to get the opinions of the physicians of this section, and some of you will doubtless remember receiving a circular letter from Dr.

Old and myself, asking you to fill out an enclosed blank form and to return it to us. Among the questions was one which asked for an opinion on the causation of malarial fever. There were a great variety of answers given, but the majority seemed to hold that drinking-water was at least one of the possible causes of malarial fever. A number believed that mosquitos could transfer the fever, but there was only one who believed that they furnished the only means of spreading it. Thus the physicians of this section can be divided into classes believing the causes of malaria to be (1) drinking-water, (2) the mosquito, (3) both, and (4) some still hold that miasma is the cause of many cases. I am not here to discuss the last point, as I consider that settled, but if you will allow me I will briefly discuss the reasons for and against the other three suppositions.

The concensus of opinion is, however, turning more and more from the drinking-water theory, as no case of malarial fever has ever been directly traceable to drinking-water, though men have purposely drunk gallons of water from the most malarious localities. Then the drinking-water theory does not explain many of the phenomena long associated with malarial fever, such as the fact that exposure to night air and dews helps to produce the fever. Finally two sets of people, living in different localities, may use the same water, and one set have the fever and the other set be free from it: I have a very good example of this. The City of Norfolk obtains its drinking-water from ponds lying in a notoriously malarious district, yet the paved and sewered part of the city has long been almost entirely free from the fever, while the unpaved and badly drained suburbs, many of which use the same water, have yearly many cases of malarial fever. The City Alms House, which lies near our water works and which obtains its water from it, has regular outbreaks of fever in the autumn. This condition was not modified by the institution of a very complete sand filter plant, which certainly ought to be able to remove protozoa as well as bacteria. All of these places use the same water —if the cause lay in the water, would they not all suffer equally from malarial fever? The family of the engineer at our water works suffers greatly from malaria. Upon the advice of a friend, they stopped using city water, built a cistern and boiled that water, yet they continued to have chills and fevers. It might be asked how did these people contract the fever, if not from the water. To this I can reply that around our water works are found large numbers of anopheles, and on them I lay the blame.

Now let us turn to the mosquito theory and see if that fulfils our requirements any better than the drinking-wrter theory. Many objections have been raised to it, and many of these have been raised because this theory was imperfectly understood. Still there remains the first objection, namely, that the physicians with the widest practical experience in this disease cannot understand how mosquitoes can cause all cases of malarial fever, if the plasmodium can only be taken from one man and directly transferred to another.

Most of the anopheles die when winter comes around, but a comparatively few fecundated females remain in a dormant state, and from them come the pests of the next summer. Naturally only a small proportion of these have been infected by sucking malarious blood, and experiment has shown that the plasmodia do not pass through the egg to the young mosquito. These infected mosquitoes, which have lived through

the winter, seem scarcely sufficient to cause cases of fever numerous enough to restock the young anopheles which, by the way, take at least three weeks to mature. This objection the advocates of the mosquito theory have recognized, hence they claim that the latent cases of malarial fever form the source from which the young anapholes become infected. While there doubtless are a number of of these latent cases, still they do not satisfactorily explain this reinfection of the anopheles, for these cases have a way of appearing in early spring, when there are no anopheles to be infected, and respond readily to quinine, which of course destroys the parasites before they can be obtained by the mosquitos.

There is however a modification of the mosquito theory which overcomes this and other objections to the original theory, while it does not conflict with any of its proven points. I will only give it here in outline, as I have discussed it fully elsewhere. To begin with, we will acknowledge that many cases of malarial fever are caused by the direct transfer of the organisms from man to man. But as said before, this can scarcely account for all of the cases of malarial fever. If, however, there was an extra-corporeal term in the life cycle of the plasmodium, as there is in the life cycle so many protozoa, this difficulty would be cleared away. There is no reason to suppose that the mosquito only injects its salivary secretion into man. It probably does so into anything upon which it happens to feed, for we know that blood is more of a delicacy than a staple article of diet with the mosquito. If there happened to be malarial organisms in this salivary fluid, they would then be injected into the food or water and thus come into the outside world; or they may come into the water from the bodies of the anopheles, who have laid their eggs and died on the water. If these organisma could live in water or damp soil, as is extremely probable, they would often be taken up by other anopheles in feeding, and could in turn be injected by them into human beings. The fact that men do not contract malarial fever through the alimentary tract does not disprove the supposition that the parasites may live in water, as the human stomach secretion may destroy them, just as they are destroyed in the stomach of the culex. This modified theory explains all those conditions which have long been associated with malarial fever. Let me enumerate some of them. Wherever we find cases of malarial fever in sufficient numbers to be sure that they originated in a locality, there we find the anopheles. There are many localities with large numbers of mosquitoes and no malaria, but these mosquitoes have almost always been found to be of the genus culex. There may be places with anopheles and no malaria, as the anopheles may never have been infected; but if a case of malarial fever comes into such a locality from another section, the anopheles will soon spread the disease, as has already been observed in the case of an East Indian Island. Then, too, malarial fever is worse when the mosquitoes are worse, in August and September, and for the most part disappear with the mosquitoes at frost. Cases which appear in the winter or early spring are attributable to latent diseases, which is made active by some external cause lessening the resisting power of the body. Marked changes in the temperature such as we have in early spring seem to be especially potent in bringing out this latent malaria. The anopheles breed in pools and not in tubs; they are the country mosquito, in contradistinction to the culex, which is found in both towns and country, which fact explains the greater number of cases in the rural districts. They feed by night,

which accounts for the theory that night air causes malaria. They are worst in the time of the heavy dews, whose influence is thus explained. Their larvæ feed on algæ, hence the theory that malaria comes from stagnant water. The digging up of old, swampy soil has long been accused of producing malaria; this can be accounted for either by furnishing fresh breeding places for the anopheles, or by the exposure of dormant parasites, which are then taken up by the anopheles. On the other hand the drainage of the soil deprives the anopheles of breeding places, and may destroy the extra-corporeal organism by depriving them of moisture. Malaria is worse in warm, rainy seasons, because this gives the anopheles more breeding places, and may likewise allow them to obtain more extra-corporeal organisms. The eucalyptus tree stops malaria by driving off the anopheles. The modification explains how uninhabited places still remain malarious and this the original theory does not do. It explains how the fever may be disseminated without direct innoculation, which implies either very active work on the part of the infected mosquitoes that have lived through the winter, or a very large number of cases of latent malaria, from which the young anopheles could obtain malarious blood.

Though the extra-corporeal existence of the malarial parasite has not as yet been demonstrated, still there is no positive proof against it, and analogy points strongly that way, as other protozoa have this extra-corporeal period in their existence. If it is true, we need look no further for causes of malarial fever, for the anopheles could easily produce all the cases of fever, if they had other means of obtaining the parasites than direct from the human blood. That we must consider the anopheles the principal, or probably the sole agents in causing this infection is demonstrated by an experiment tried last summer in Italy. A physician with four workmen lived over a month in an extremely malarious district. They worked at the same work, eat the same food, and drank the same water as the other inhabitants of the country. There was one point of difference, however; before sunset they retired into a mosquito proof house, and stayed there until the sun was up. With this simple precaution, for they took no quinine, they were able to entirely escape the malarial fever, while their neighbors suffered from grave forms of the disease.

The effect of driven wells in diminishing the malarial fever in certain districts may be accounted for in two ways—(1) Good water improves the general health and thus enables the body to more vigorously resist the malarial poison. (2) The old open wells or springs were often some distance from the houses, at times in a bottom or near the edge of a marsh or creek. They may have furnished breeding places for the anopheles, or the people, who often went from their houses at sunset to get water, were by so doing exposed to the bites of infected mosquitoes. The driven wells are generally near the houses and this exposure is consequently greatly lessened.

I you will allow me I will make a few practical suggestions, which I hope some of you will have an opportunity of testing before our next meeting. They are based on the theory that all malarial fever is contracted through the agency of the anopheles. If this be true, we can prevent the occurrence of the fever by protecting the people from the bites of these insects. We can do this in two ways, either destroy the breeding places and the young of the anopheles, or protect the people from them. Let us look at the latter general head first, and see what might be done. If possible have insect screens on the doors

and windows; teach the people to stay indoors after sunset during the late summer and autumn months; let them have their driven wells as near the house as possible—it would be better to have the pump in the kitchen, and if they must go out for water, let them do so some little time before sunset. As to getting rid of the anopheles many things have been suggested, such as pouring kerosene or tobacco solution on the pools in which they breed and thus killing the larvæ. This sounds plausible, but does not appear very practical to me, as I will try to explain. If the anopheles would only be considerate enough to lay their eggs in big ponds, or in the middle of streams, where we could get at them, these substances would be of avail; but even here they would be unnecessary if our ponds contained fish, which are very fond of these larvæ, and which destroy all they can get at. The mosquitoes know, however, of this little weakness on the part of the fish, and chose the little pools and springs on the edge of the marshes in which to lay their eggs, for here no fish can get at them. Around Norfolk we have what are called salt marshes, in the middle of which is a ditch, or gut, in which the tide rises and falls. The majority of the marsh, which is overgrown by marsh-grass and bushes, is considerably higher than this gut and is seldom covered by salt water. The drainage from the surrounding country flows into these marshes, around the edges of which it forms little pools or springs of fresh water. These are protected by bushes and grass and form ideal breeding places for the anopheles. These mosquitoes pass the day in or around the marsh, and come out at sunset to feed, though luckily for us they do not seem to fly far away from their homes. Of course we cannot cover all these little pools with kerosene, nor can the fish get at them, but there is another way to overcome this, and it is a simple, old-fashioned remedy. Let the farmer cut a broad ditch all the way around the edge of the marsh, and let it open into the gut. This would drain off the water, which now forms these little pools, and the tide could rise in the ditch, which alone would often be sufficient to kill the young mosquitoes, for these larvæ cannot live in sea water or water containing a good proportion of it, as water with over 1½ per cent. salt kills them.

Thus I found that the water from Norfolk harbor killed the larvæ of the culex within an hour, but if I added an equal amount of fresh water to it, they could live perfectly. So it comes down to a matter of drainage after all. This will have to be modified to suit the local conditions, and if the ground should lie so low as to make it impossible to empty the ditches, cut them wide and deep and put fish in them.

I will sum up the measures which I would recommend as likely to diminish the number of cases of malarial fever. Teach the people to put mosquito nets, or better mosquito screens, in their houses. Teach them to stay in doors after sunset during the malarial season. Let them sink driven wells and be careful about their diet, in order to keep up their general health. But above all get them to drain their land better. In some localities a ditch cut around a marsh would be of service, but everywhere let them dig more ditches and keep them open, for this will render their farms more fruitful as well as more healthful.

Scientific deep sea explorations warrant the assertion that the Gulf stream exercises very little influence on the climate of Western Europe. The beneficent influences heretofore ascribed to its influence are due to enormous air currents.

Review of Medical and Surgical Progress.

Reduction of Strangulated Hernia by Compresses Soaked in Ether.—At a recent meeting of the Paris Académie de Médecine, M. Fiessinger made a communication on the prolonged application of ether in strngulated hernia. He found that the majority of of cases of strangulated hernia, formerly calling for operative interference, yield to this simple means. In January, 1900, M. Fiessinger published the history of a case of crural hernia, strangulated for forty-four hours, and reduced by compresses soaked in ether applied during three-quarters of an hour. The hernia disappeared of itself, after three attempts at taxis had failed, although the patient was much exhausted by fecal vomiting during the previous twenty-four hours. He has since received several letters from other practitioners relating to the history of similar cases with repeated success. After a lapse of time varying from a quarter of an hour to two hours the hernia—crural, inguinal, or umbilical—disappeared of itself, or after a slight and insignificant pressure by the surgeon. The ether is allowed to fall, drop by drop, on a compress, such as a handkerchief or piece of gauze, which is thus always damp. The quantity of ether used in one case amounted to 250 grammes. The method was almost marvelous in its results, most painless in application, and of great service to the country doctor. During the first thirty-six hours there was every chance of success; after this period it would be better not to attempt this method, owing to the risk of returning a gangrenous loop into the abdomen. He thought that the ether acted reflexly, causing a great vasoconstriction. The loop of intestine was no longer congested, and reentered the abdomen as easily as it slipped out. Ether is more practical than ice, being more easily obtained and possessing greater power.—*Med. Age.*

Recovery from Leprosy.—Mr. Jonathan Hutchinson, in the *Indian Medical Record* of October 31, 1900, reports two cases of anesthetic leprosy which recovered after an extended treatment which consisted only in small doses of arsenic, a liberal diet, and abstinence from fish. Of late years, says Mr. Hutchinson, it has been shown that in not a few cases of leprosy recovery occurs. They have been chiefly observed in countries where the disease is not endemic, and in patients who migrated from the place where the disease was acquired, and lived under wholly altered conditions. In former times the leper had no chance, but now the disease is looked upon much more hopefulfy. The essentials to recovery are a liberal diet, external comforts, and entire abstinence from uncooked fish. In olden times the leper was an outcast, condemned to poverty and the poorest food. If he got access to a leper asylum, he would very probably be fed on fish. To a considerable extent this is changed. The leper establishments now allow a more judicious and liberal diet, and from one, that of Robben Island, where recoveries have been chiefly claimed, fish is wholly excluded. The best examples of cure have come, however, not from asylums, but from private practice and from cases in which, as in the United States, the patient has migrated to a non-leprosy district and has been able to secure plenty of non-leprosic and antibacillary food.—*Med. Age.*

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Selected Clippings.

Surgical Hints and Items.

From the International Journal of Surgery.]

In burns about the neighborhood of the joints, keep the limb flexed if the burn is on the extensor side, and extended if the flexor side is affected.

In burns of the face, where the nose is badly affected, it is often a good idea to pass pieces of rubber drainage tubing up the nostrils in order to prevent closure during cicatrization.

In plegmonous inflammation of the last phalanx it is well to cut down to the bone, but if the middle or first phalanx is affected it is better surgery to avoid going through the sheath of the tendon.

If you can help it, don't operate on a man who is drunk, especially if he appears to be an habitual drunkard. Drunkenness certainly seems to favor the occurrence of sepsis, owing to diminished resistance of the tissues, and shock occurs very readily. Besides this, delirium tremens may come on to complicate matters.

Phimosis and balano-posthitis occasionally occur in adults in whom no venereal disease is at fault. In these cases it is well to examine the urine before operating, for diabetes may be the cause, and in the latter case, it is not always safe to operate. Diabetic gangrene of the penis has also been mistaken for phagedenic chancre.

Always give a very guarded prognosis as to the ultimate results in deep phlegmonous processes occurring in the hand. The tendons are often immobilized within their sheaths, the muscles are atrophied, and much of the cellular tissue takes on a cicatricial character. The fingers are, therefore, apt to become stiffened in a curved, claw-like position.

If a patient suffering from urethral stricture has chills every time you pass an instrument, notwithstanding the fact that you are certain that your sounds are perfectly sterile, give up dilatation and cut. The patient will probably have another chill after the operation, but, as it is of nervous origin, in all probabilities, the danger is very slight, and the subsequent passing of sounds will commonly be accomplished without further trouble.

When tendons of the fingers or toes have been severed, it is often necessary, in order to bring the ends together, to strongly flex or extend the joints, according to whether the flexor or extensor tendons have been injured, and this position should be maintained by the dressing after the suture has been done, in order to relieve any tension upon the severed ends. Passive motion should be made as soon as it is likely that union has well begun.

If you see a boy who has first developed incontinence of urine in advanced childhood, and especially if there is occasional difficulty in retaining the urine during the waking hours, you will do well to search the bladder, for these are often the first symptoms of the presence of calculi in boys.

If you have a patient who is likely to have to stay in bed for some time, see that the bed is so turned that he will be able to see the light while lying in the most comfortable position. Sick people naturally turn towards the light, and may be made very uncomfortable by neglect of this simple measure.

When children complain of obscure pains about the joints and limbs, which are not due to diseases of the articulations, and are not relieved by anti-rheumatic treatment, anti-syph-

ilitic measures are indicated. In many such instances there is no history of syphilis on the part of the parents, but the success of the treatment tells its own story.

In the presence of cancer, the patient is condemned to death, and the surgeon is the only man who can grant a reprieve, and sometimes a pardon. There will be more pardons than reprieves when we stop doing little operations for little cancers, and when we cease to keep patients under observation too long before making up our minds to interfere.

Don't delude yourself too much with the idea that spasmodic strictures of the urethra are of frequent occurrence. If a stricture is not overcome by gentle pressure lasting for some minutes it is certainly not spasmodic, and either there is an actual obstruction or your skill is at fault. It is well to remember that the more skilful the surgeon, the fewer the so-called impassable strictures become.

If the gall-bladder is so seriously diseased as to warrant a surgical operation for its relief, it is better practice to remove it *in toto* than to leave it as a place for the further accumulation of gall-stones, or as a point for the setting up of new inflammations.—*C. Cushing.*

Femoral hernia is usually constricted at the upper edge of the canal, due most frequently to Gimbernat's ligament, so that our incision should be made above the hernia, and I believe that the best exposure can be made by following the line of Poupart's ligament.—*A McLaren.*

Local anesthesia, a few moments for excision and suturing, and two or three painless days for healing seem so insignificant a combination that it is a source of surprise that fleshy warts, sebaceous cysts, and epitheliomatous ulcers are so frequently permitted to remain as facial blemishes.—*J. B. Roberts.*

It is recommended by some that a supra-public drainage tube be left in the bladder; but this is unnecessary where the bladder is sutured. Whenever the vesical wound is closed, a drainage tube should usually be inserted through a boutonniere in the perineum, though a soft catheter per urethram may suffice.—*G. F. Lydston.*

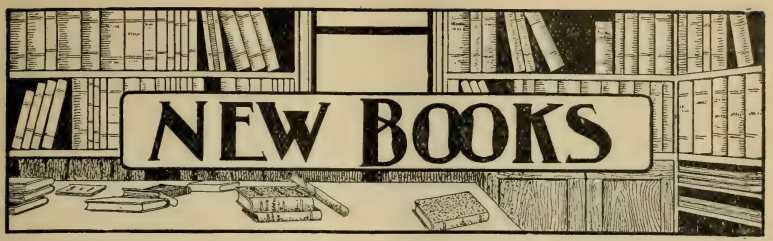
The prognosis in cases of penetrating gunshot wounds of the abdomen treated on the expectant plan are extremely bad, the death-rate being about 90 per cent.—*Stephens.*

I regret some surgeons yet cling to amputation of the cervix for cancer of that portion of the uterus as its employment for that purpose is not as encouraging or reasonable as attempts at making an ocean from separate rain drops. It has done so much, too, toward generating opposition to surgical treatment of this disease.—*W. Bovee.*

In all intraperitoneal operations the rule is to move the bowels early, but if there is shock, with a fast and irregular pulse and nervous disturbance, morphine is indicated at first, just enough to quiet the nervous system. After this has been accomplished the bowels may safely be moved.

It is a mistake to think that cancer of the uterus is always painful. If a suspicious growth is seen, the question of pain should not influence the diagnosis. Any flow of blood after the menopause demands immediate careful investigation, but cancer of the cervix has been observed in quite young women.

When you succeed in passing a catheter into the bladder in cases of considerable retention, do not empty it entirely or two suddenly, as it may give rise to hemorrhage, which is sometimes very profuse, or to severe cystitis, or even to urinary suppression and death. It is well to partially plug the lumen of the catheter so as to allow the urine only to dribble out.



Bacteriology and Surgical Technique for Nurses, By Emily M. A. Stoney, Superintendent of the Training School for Nurses, St. Anthony's Hospital, Rock Island, Ill.; author of "Practical Points in Nursing," "Practical Materia Medica for Nurses," etc Illustrated. Philadelphia. W. B. Saunders & Company, 1900. Price, $1.25 net.

The first part of the book is devoted to Bacteriology and Antiseptics; the second part to Surgical Technic, Signs of Death and Autopsies. While of course no attempt has been made to deal with these subjects exhaustively, but merely to outline and simplify, the book will be found interesting reading to many physicians, as well as of invaluable service to nurses. The article on autopsies is a new and helpful addition to the work and deserves careful reading by that class for whom the book is primarily intended.

An American Text-Book of Physiology. Vol. I. By 10 of the Leading Physiologists of America. Edited by William H. Howell, Ph. D., M. D., Professor of Physiology in the John Hopkins University, Baltimore, Md. Second edition, revised and enlarged, in two volumes. W. B. Saunders & Co., Philadelphia, Pa. Price, $3.00.

This is a most valuable and comprehensive work of reference, written by men eminent in their own peculiar departments, and is generally regarded by the able judges as forming "the best exposition of the present status of the Science of Physiology in the English Language." In deference to the wishes of many teachers the present edition has been issued in two volumes, as affording a more convenient size for students. While new matter has been added the size of the second edition is about as large as the first, as various statements and theories which time has not substantiated have been eliminated. The whole subject matter has, however, been thoroughly revised and brought up to date. A table of contents has been added to each volume, and numerous figures have been introduced.

Volume I deals with the following subjects: The Introductory Chapter and the Sections on Blood and Lymph, the Circulation, Secretion, Chemistry of Digestion and Nutrition, and the Movements of the Alimentary Canal, Bladder and Ureters are written by the editor, Dr. W. H. Howell. Dr. Edward T. Reichert contributes the articles upon Respiration and Animal Heat; while the closing chapter in this volume is written by Graham Lusk upon the Chemistry of the Animal Body. The whole forms an able contribution to medical literature, dealing with subjects of surpassing interest and of great practical utility.

Anders' Practice of Medicine, with Revised Edition. A Text-Book of the Practice of Medicine. By James M. Anders, M. D., Ph.D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine; Medico-Chirurgical College, Philadelphia. In one handsome octavo volume of 1292 pages, fully illustrated. Cloth, $5.50 net; Sheep or Half Morocco, $6.50 net. W. B. Saunders & Co., Philadelphia, Pa.

The third edition of this excellent volume being exhausted in twelve months time, it became necessary to issue a fourth, with such slight alter-

ations and additions as the lapse of a year should make desirable. The general character of Anders' Practice is so well knewn as to make any extensive review needless. That it has filled a "want" in the professional mind is already proven by the rapid absorption of its various additions. The present edition contains considerable new matter, especially the section relating to Diseases of the Digestive System, which has been much improved. The article on Spine, Ileocolitis in Children and Acute Cholecystitis have been entirely rewritten. The modern methods of diagnosis, as well as recent advances in therapeutics have been introduced, while the author has succeeded in keeping the size of the work within reasonable limits and preserved its eminently practical character.

Saunders' Pocket Medical Formulary, with an Appendix, containing Posological Table; Formulæ and Doses for Hypodermic Medication; Poisons and Their Antidotes; Diameters of the Female Pelvis and Fœtal Head; Obstetrical Table; Diet List for Various Diseases; Materials and Drugs Used in Antiseptic Surgery; Treatment of Asphyxia from Drowning; Surgical Remembrancer; Tables of Incompatibles; Eruptive Fevers; Weights and Measures, etc., By William M. Powell, M. D., author of "Essentials of Diseases of Children;" Member of the Philadelphia Pathological Society, etc. Sixth Edition, thoroughly revised. Price, $2.00 net. Philadelphia: W. B. Saunders & Co.

This little book contains a great number of excellent formulae, and private prescriptions not hitherto published, and in the present edition devotes considerable space to combinations containing the more important of the recently discovered drugs, which will be found very useful to the physician who desires to employ these remedies in the most palatable and effective manner, and yet lacks experience in their use. As will be noted in the above transcript of title the book contains a great deal of general and special information upon subjects of daily interest to the practitioner; matters which it would require time and trouble to look up in larger works may here be found in a few minutes. We can cordially commend this book to the profession.

Rhinology, Laryngology and Otology and Their Significance in General Medicine. By E. P. Freidrich, M. D., Private Docent at the University of Leipzig. Authorized translation from the German. Edited by H. Holbrook Curtis, M. D., Consulting Surgeon to the New York Nose and Throat Hospital, and to the Diphtheria and Scarlet Fever Hospitals. Published by W. B. Saunders & Co., Philadelphia and London. Price, $2 50 net.

In comparison with the large number of works now so frequently issued, dealing with this specialty, Friedrich's work must take a very high rank, and as the American editor says in his preface, one cannot but admire the physician whose versatility and breath of knowledge enables him to be observant of the minutest details of constitutional disturbance, while at the same time his acquaintance with the various specialties in their reciprocal relations is most abundantly shown in the work before us. The book is thoroughly original, abounding in statistics and references, so convincing in its arguments and withal so conservative in its presentations that the specialists, no more than the general practitioner, who desires to keep up with the advances of oto-laryngology in its relation to general medicine, can afford to be without it.

The chapters treating of nervous diseases are the most original and those relating to exanthemata and their sequels will be found of inestimable practical use to the physician. As would be naturally supposed in a work by a German author, morbid anatomy and pathology have received

especial attention. The American editor makes no claims to have translated the book into elegant English, his chief aim being to preserve the exact meaning of the author and his individual style of expresaion; that he has been highly successful in both a perusal of the translated work will show, while the scientific character of the original will easily rank it as the ablest treatise upon the relationship of general diseases to those of the ear, nose and throat that has appeared up to this time.

Food for the Sick—How to Prepare It—Food for the Baby. Edwin Charles French, M. D. Louisville: John P. Morton & Co.

This little volume will prove an exceedingly useful and helpful companion as well for the anxious mother and housewife, who is often pressed into service as an extemporized nurse, as for the busy practitioner.

The directions as to the preparation of food for the sick are simple and clear and include special diets for different diseases.

The chapter on infant feeding contains sound advice in a brief form.

All in all this little manual will prove a desirable addition to the physicians armamentarium.

Practical Diagnosis.—The Use of Symptoms in the Diagnosis of Disease. Fourth Edition, revised and enlarged. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Laureate to the Medical Society of London, etc. Illustrated with 205 engravings and 14 colored plates. Lea Brothers & Co., Philadelphia and New York.

The third edition of this work appeared less than a year ago, and the unexpected rapidity with which it was absorbed renders a fourth edition necessary, while it speaks volumes for the high appreciation in which the work is held by the profession here and abroad. Of necessity, with so short a space between the two last editions no great change in the present volume is possible, yet the author has seized the opportunity to make such slight alterations and additions as to keep it thoroughly abreast of the times. Of its value as a practical guide to the practitioner little need be added to former reviews; its popularity and the reputation of the gifted author is of itself the most eloquent of testimonials. The book should be in the hands of every physician.

Sexual Debility in Man. By Frederic R. Sturgis, M. D., formerly Clinical Professor of Venereal Diseases, Medical Department, University of the City of New York; ex-Visiting Surgeon to the City Hospital, Blackwell's Island; author of "A Manual of Venereal Diseases." Cloth, 432 pages. Price, $3.00. E. B. Treat & Co., 241 West 23rd St., N. Y.

The profession has long wanted a reliable guide in the consideration of the etiology, diagnosis, prognosis and helpful treatment of the various forms of male sexual debility. Prof. Sturgis has devoted his professional life to this important subject, and treats of it in a manner indicating that he feels a genuine interest in it, as well as a deep sympathy for the helpless victims and an appreciation of the difficulties of the attending physician. The dedication is significant and characteristic of the man: "To the Sexual Cripples of the United States, whose infirmities have in part contributed to his support, this book is gratefully dedicated by their obliged friend, The Author."

The divisions of the subject are as follows:

Chapter 1. Anatony of the Sexual Organs in the male.

Chaps. 2 and 3. Physiology of the Sexual Organs in the male.

Chaps. 4 and 5. Masturbation and Onanism; Etiology, Pathology and Treatment.

Chap. 6. Spermatorrhea.

Chap. 7. Pollutions, Nocturnal and Diurnal.

Chap. 8. Prostatorrhea Simplex and Uurethrorhea in libidine sexuale.

Chaps. 9, 10 and 11. Sexual Impotence, Physical, and Reflex causes, and Treatment.

Chap. 12. Sterility.

The author believes that the sexual function is intended to be exercised with pleasure and a hearty zest by both parties. and when this is not the case the cause should be ascertained and, if possible, corrected. He holds individual views on several subjects. For example, he does not believe in the popularly supposed universaly disastrous and irremediable results of masturbation. This subject should be regarded with discriminating reason, separating the cases of mild and curable type from those of masturbating maniacs, who are relieved only by castration.

He differentiates between spermatorrhea and pollutions, or true involuntary ejaculations, and shows the folly of regarding such patients as doomed to impotence.

There are nine illustrations, grouped in the back part of the book for easy reference.

Paralytic Deformities of the Lower Extremities—The Principle of Their Surgical Treatment. By E. Noble Smith, F. R. C. S., Edinburg; L. R. C. P., London, Senior Surgeon to the City Orthopadic Hospital and Surgeon to All Saints Children Hospital, London, etc., with 51 illustrations. Smith, Elder & Co., 15 Waterloo Place, London, England.

This is a beautifully illustrated little work, the object of which, in the language of its distinguished anthor, "is to review the general aspects of paralytic deformities of the lower extremities, and to discuss the questions which may arise in deciding as to the most effectual treatment to adopt. The diseases and accidents which give rise to these deformities are only referred to incidentally."

Diseases of the Nervous System.—A text Book for Students and Practitioners of Medicine. By H. [Oppenheim, M.D., Prof. atthe University of Berlin. Authorized translation by Edward E. Mayer, A.M., M D. First American from the second revised and enlarged edition. Octavo, cloth, 900 pages with 293 illustrations. J. B. Lippincott Co., Philadelphia, 1900.

A very valuable addition has been made to the English literature on nervous diseases, by the translation of Dr. Oppenheim's work, and it will undoubtedly receive a cordial reception. Being intended chiefly for students and general practitioners more attention is given to symptomatology and treatment than to etiology and pathology, though the latter can by no means be considered slighted. The work will do much to simplify this class of diseases which the general practitioner is rather disposed to pass over as too obscure and troublesome for him to work out. However, one can but be impressed by the fact that generally successful treatment of this class of patients requires the systematic treatment and especially control only to be obtained in an institution. That does not relieve the physician, though, from the duty of making himself familiar with symptoms and requirements of such cases, that he may the better determine which should be advised to take hospital treatment and which can be as successfully treated at home.

The Cosmopolitan for January presents many interesting features. The beauties of the Paris stage; Chinese Oddities; Cycling in Touraine will all be read with pleasure. The doctor needs to know the good points about a horse for no one needs a good horse more than a doctor. E. A. A. Grange tells us "How to Judge a Horse," and presents illustrations of fine animals of various types.

International Clinics.—A quarterly of Clinical lectures and especially prepared articles. Edited by Henry W. Cathell, A. M., M. D., Philadelphia. Volume III, Tenth Series. J. B. Lippincott Co., Philadelphia, 1900.

This volume if full of good things. In a Symposium on Genito-Urinary Diseases we find articles from Valentine, Bulkley, Fournier, Lewis, Gattheil, Peabody and Fisher. In the section devoted to Medicine DaCosta, Bishop and Peabody present interesting papers. Willy Meyer, Radman, Knight, Morris, and Lilienthal write upon surgical subjects. Ballantyne, Pinard, Palmer and Boissard discuss obstetrical and gynecological questions. Therapeutics, neurology and diseases of the eye also receive more or less attention. Dr. Wm. C. Krauss writes on the use and care of the microscope; and Dr. Westcott on the scientific modification of milk.

Scribners for January describes a romatic journey in "The Caucasus" which the author, Mr. Henry Norman believes is the most attractive vacation trip in the world. The illustrations show the picturesque features of the country.

"A Comparison of the Armies in China," by Thomas F. Millard is the best critical summary that has yet appeared of the excellence and defects of the various armies in the field.

George Horton, recently U. S. Consul at Athens, and a writer of stories Modern Greece, which have attracted attention, contributes the first of two papers on "Modern Athens", giving the life of today, with its romatic, historical background.

Stephen Bonsal tells the story of a surprising adventure in "The Plague Ship" along the China coast; and Mary Tappan Wright furnishes a short story of sentiment entitled "A Day Together."

The Youth's Companion's Seventy-Fifth Year.—The volume of *The Youth's Companion* for 1901 marks the paper's 75th year of continuous publication–seventy-five years, during which it has had the approval of three generations of readers. The constant aim of *The Companion* is to carry into the home reading that shall be helpful as well as entertaining—reading that shall contribute to the pure happiness of all the family. There will not be an issue during the entire year that will not be crowded with good stories and articles of rare interest and value. A descriptive announcement of the diplomatists, explorers, sailors, trappers, Indian fighters, story-writers and self-made men and women in many vocations, besides popular writers of fiction, who have been engaged as contributors to the fifty-two numbers of 1901 will be sent free to any address, with sample copies of the paper. THE YOUTH'S COMPANION, Boston, Mass.

Doctor, we are receiving a goodly number of continuous subscriptions and we suggest that you save yourself the trouble of yearly renewals by sending $2 50 for three years.

The American Association for the Advancement of Science says the following lines are all that is necessary for the physician to learn in order to prescribe in the metric system :

1,000 milligrams make one gram.

1,000 grams or cubic centimeters make one kilo or liter.

65 milligrams make one grain.

15½ grains make one gram.

31 grams make one ounce.

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Necrology.

Dr. Chas. J. O'Hagan, one of the foremost physicians in North Carolina, died on December ——, at his home in Greenville, N.C., of appolexy For many years Dr. O'Hagan had been the most conspicuous figure at the annual meeting of the North Carolina Medical Society, conspicuous by reason of his unusual ability in discussions, his profound medical knowledge, his high sense of honor, his intense love of justice and lastly, his good-fellowship. The writer believes he speaks the truth when he says no member of this society will be so missed and Charles Jas. O'Hagan's place in the North Carolina Medical Society, and in the profession *cannot* be filled.

"Dr. O'Hagan was born in Londenderry, Ireland, September, 16, 1821, a son of John P. O'Hagan, who was a newspaper editor in that place. He attended the schools of Belfast, Ireland, whither his father seems to have removed during his early life. Next we know that he came to this country in 1842, going almost immediately to Greenville. His energy, pluck, perserverance, and the stuff that was in him was shown by the fact that while teaching school during the day he studied at night, having already, it seemed, the goal of medicine before his eyes all the time.

Finally he entered the New York Medical College in 1847; but he had really begun the study of medicine in 1845. He graduated in 1854, after working his own way through college by practicing one year in Greenville, and going on thus until his course was completed. Ever since his graduation he has practiced in Greenville. In 1858 he joined the State Medical Society, and was at one time its president. He was for six years president of the Examining Board. He is a member of the American Medical Association, and was second vice-president.

During the war he tendered his services, although not a native of the country, and as a surgeon rendered services that could not well have been dispensed with. His devotion, courage, and loyalty knew no bounds. He was surgeon of the First North Carolina Cavalry, then of the Thirty-Fifth Infantry. Surgeon O'Hagan was in the battles of Malvern Hill, Fredericksburg, Richmond, Antietam, Drewry's Bluff and Sharpsburg.

Dr. O'Hagan has been twice married. In January, 1864, his marriage to Miss Eliza Forest, of Greene county, North Carolina, was solemnized. She died in 1871, leaving two children. Miss Elvira Clark, of Pitt county, became his wife in 1877, and their union was blessed by the birth of one child. Mrs. O'Hagan's demise occurred on the 15th of November, 1889.

"Dr. O'Hagan's death came not as an unseasonable blow, yet all wished that in his venerable age many years still might be spared him. So grand and useful were the threads that he wove in the web of a life so long associated with the history of our State and so intimately blended with its society, a figure so majestic and popular wherever known, his death produces more than ordinary regrets, and they reach the furthest limit of his acquaintance. The sage of Greenville has passed away, and we bow our head in sorrow to pay to noble dust our tribute of love and esteem."

Medical News and Items.

Half a million lepers roam the plains of India.

Small-pox prevails in Iowa, Wisconsin and New Jersey.

The plague has claimed two victims at Angel Island, Cal.

Typhoid fever of a bad type is reported in Lincoln county, N. C.

Patent medicine sales are on the increase in conservative England.

The mortality from cancer seems to be on the increase throughout the civilized world.

The victims of the plague in Mizero Province, India, number 25,000 since 1898.

The recent visitation of the plague to Glasgow, Scotland, cost the city nearly $5,000,000.

The South Carolina Medical Association will hold its annual meeting in Florence on April, 17th.

The Medical Society of the State of New York will meet in Albany, January 29th, 30th and 31.

The Tri-State Medical Association of South Carolina, North Carolina and Virginia, will hold its third annual meeting in Richmond, Va., beginning on February 26th.

Dr. Paul Barringer has resigned the chairmanship of the faculty of the University of Virginia in order to enable him to devote his whole time to teaching.

Contract surgeons in the army, or acting assistant surgeons with the honorary rank of first lieutenant, have been decided by the comptroller of the treasury to be neither officers nor enlisted men, and hence not entitled to the 10 per cent. increase in pay provided under a recent law. —*Medical Age.*

Dr. George Gould has retired from the editorship of the *Philadelphia Medical Journal* and may establish a new journal in Philadelphia.

Married.—On December 27th, at 10 A. M., at the home of the bride's father in Hagard, S. C., Dr. John M. Blair, of Monroe, N. C., was married to Miss Jane Saunders.

The N. Y. State Medical Association will in the future issue a monthly publication, *The New York State Journal of Practice*, instead of the yearly book of transactions.

Temporary quarters for the medical department of the Pan-American Exposition are located in the Service Building. Emergency cases are quite numerous on the exposition grounds where 3,000 workmen are employed.

A college for nurses has been established in Chicago, the object of its founders being "to give women training in all duties of skilled nurses without requiring two years bondage in hospitals and training schools.

The friends of the Normal and Industrial College for Women, located in Greensboro, N. C., are making an effort to raise an endowment fund of $100,000 to aid poor girls in obtaining an education at that noble institution.

It is well to remember that it is practically impossible to asepticize hair. Hence operations or the treatment of wounds upon hairy parts, and especially the scalp, should be preceded by the shaving of ample area. Patients often object to the removal of much hair from the sclap, but a little talk about the dangers of gangrene of this part will usually overcome thes objection.

Of fifty-six physicians whose deaths are recorded in the current issue of the *Medical Review of Reviews*, the average age was 59½ years.

Dr. Jesse W. Leazer and Dr. James A. Carroll, assistant surgeons U. S. A. in Cuba, deliberately allowed their arms to be bitten by flies that had fed on yellow fever patients in the hospital under their charge. Both developed yellow fever, Dr. Lazear dying of the disease.

Dr. Russell Bellamy (a Wilmington, N. C., boy) of New York, is Lieutenant Hobson's physician. Hobson suffered during December from an attack of typhoid fever, and it rejoices the Southern heart to know his selection of a Southern physician. Dr. Bellamy stood first—although an undergraduate—in the class for license in Asheville, N. C., in '91.

Officially Condemned.—The U. S. government has officially regarded the mosquito as the carrier of malarial and yellow fever germs in the order issued by Major General Wood at Havana directing the soldiers to use mosquito bars and to destroy the "wrigglers" in the ponds and marshes by the use of kerosene oil, and by filling up many of the small ponds. The mosquito must go!

Rex Hospital, of Raleigh, N. C., has a cot which is endowed in memory of deceased members of the Ladies' Hospital Aid Association. Any needy woman in the State will be admitted to this cot for any medical or surgical treatment absolutely free of cost. The Association asks the aid of physicians over the State in keeping the cot occupied. This action on the part of this noble organization is very commendable, and will doubtless be taken advantage of by patients who have not free access to local hospitals.

To Succeed Dr. Hunter McGuire.—Dr. J. Allison Hodges, formerly of Wilmington, N. C., has been elected to the presidency of the University College of Medicine, Richmond, Va., to succeed the late Dr. Hunter McGuire. Dr. Hodges has held successfully the offices of Corresponding Secretary, Proctor, and Dean of the institution.

Dr. C. W. Stiles, of the Department of Agriculture, read a paper at a recent meeting of the National Biological Society, in which he advocated the theory that the mosquito is responsible for malaria, and went so far as to state, "No mosquito, no malaria." And now comes the news from Cuba that yellow fever is also carried from the sick to the well. Kerosine oil poured into the breeding pools of the mosquito is sure death to the insect.

Bacteriology and Religious Rites.—The fact that bacteriology is quite a modern science, whereas religious rites and ceremonies date back as far as historical records will allow us to go, sufficiently explains the want of harmony between them, says the *Lancet*. It would, indeed, have been a proof of marvelous prophetic intuition if those who first initiated religious ceremonies had foreseen and prepared for discoveries to be made many centuries later. The *Lancet* further observes:

"Several of our correspondents have expatiated on the risk attending the promiscuous use of the communion cup. This, however, is far from being the only risk of this description. The holy water in Roman Catholic churches is quite as serious a matter. The shallow shell-shaped receptacle is placed barely three feet or so from the floor, so that the dust stirred up by the feet or shakne offom the persons who pass by readily falls into it. Innumerable fingers, not always scrupulously cleen,

are dipped into the water;also, it is just at the moment of danger and trouble that the faithful are most prone to resort to their church for prayer and consolation. Coming straight from the sick bed of some loved parent or friend, can we expect that the hands are always thoroughly disinfected before they touched the holy water? In Spain especially, and during the great cholera epidemic of 1885, we have noted that the holy water was absolutely dirty and living organisms could be seen with the naked eye, so what the microscope would have revealed may well be imagined. Now the fingers convey this water to the forehead and breast of the devotee, and, of course, the mouth might also be touched with the same fingers. But we do not see that there would be any lack of reverence shown if this holy water was changed more frequently, nor are we aware that it would be a sacrelege to mix it with some strong antiseptic solution.—*Maryland Medical Journal.*

The Bellevue Hospital Investigation.—Reports of violence on the part of nurses in the insame wards of Bellevue Hospital having reached the ears of the public, an investigation was ordered resulting in the discharge of several under-graduate male nurses. Some reflections having been made on the medical board of the institution, this body held a meeting on January 2nd, and a letter was drafted to the Commisisoner of Charities.

It says in part:

"So far from the patients being injured by the bedside instruction of students in Bellevue Hospital, they are helped by it, and in the vast majority of cases the patients do not dislike or fear the interest that is shown in them, but rather the contrary. It is the experience of this institution and all others that medical instruction given in connection with the hospital promotes the best interests of the patients and of the hospital." * * * * "The medical board has nothing to do with the fee system in the insane pavilion, the medical examiners being paid city officers, not under the control or direction of the medical board in any way, and their functions are not those of the treatment and care of the patients. The same regulations govern the house physician touching the alcoholic ward and pavilion for insane as govern the wards in the main hospital. It is considered proper and right for a nurse to administer hypodermic injections, but solely under the directions of the house or visiting physician. It is a part of their training as nurses that they should be able to use a hypodermic syringe, but never except under medical directions."

The letter concludes:

"We have, in the foregoing, replied to the questions you have asked us. We are ready to supplement these answers in any way you wish, and to coöperate with you in perfecting the service in any way. The records of the hospital will show that no institution is doing more effective medical and surgical work in the cause of the sick poor than Bellevue Hospital, and the more completely this work is known. the more confident shall we be that the worth and merits of Bellevue Hospital will be recognized."

Abolition of the Useless Coroner's Office.—The recent carelessness of coroner's officials in Chicago in a widely exploited case of fraud against insurance companies has directed attention against this "relic of barbarism," the coroner's office. It is being urged strongly that the office be abolished and the work the coroner now pretends to do turned over to the police and the health department. There is no question as to the

antiquated and unsatisfactory nature of the inquiries carried on by the coroner's office. The jury system is abused and prostituted, and the entire affairs of the office, both medical and administrative, are handed over completely into the hands of polititions without a trace of training or expertness in medico-legal matters.

* * * The medical profession should take an active and leading part in the attempt at securing improvement in the present methods, which are inadequate. Local and State societies should bring up matters of this sort for study and discussion, in order that the most serviceable plan may be evolved. This phase of medico-civic affairs certainly merits careful investigation. — *Maryland Medical Journal.*

Hibernation of Mosquitoes.—If the mosquitoes has any friends among mankind, they may rejoice in the assurance given by Dr. L. O. Howard of the Department of Agriclture, that this cosmopolitian pest does not necessarily perish with the oncoming of winter. On the contray, mosquitoes have been observed in the latitude of Washington to hibernate, adult specimens living from November until the succeeding April or May with all their power of torment unimpaired, although their activity is suspended in winter. The mosquitoes need but little food, and it is the female that thirsts for blood, the male contenting himself with water and vegetable fluids. Doctor Howard ascribes the fact that mosquitoes are often found upon dry prairies, many miles from water, to the longevity of the adults of certain species, which enables them to survive seasons of drought. Railroads have been respomsible for the transportation of mosquitoes into regions where they were previously rare. Their power of flight is not great, and it is believed that they are not distributed far through the agency of winds.

Peculiarities of the Black Sea.—Sir John Murry recently showed how remarkably the Black Sea differs from other seas and oceans. A surface current flows continuously from the Black Sea into the Mediterranean, and an under current from the Mediterranean into the Black Sea. The latter current is salt, and, being heavier than the fresh water above, it remains stagnant at the bottom. Being saturated with sulphuretted hydrogen, this water will not maintain life, and so the Black Sea contains no living inhabitants below the depth of about 100 fathoms. The deeper water when brought to the surface smells exactly like rotten eggs.

Cocaine Debauchery in the South.—Bills seeking to forbid the sale of morphine and cocaine without a prescription of a physician are now up for passage in the legislatures of the States of Alabama, Georgia and Tennessee. The chief of police of New Orleans has issued an order to all police commanders of the city calling attention to an ordinance relative to the sale of cocaine. The order reads in part:

"The constant use of cocaine has assumed large and serious proportions and is daily increasing to such an extent as to be a menace to public health. You are directed to notify the force under your command to use extreme diligence in enforcing the city ordinance against the use of cocaine and to make arrests. This menace is general throughout the city. This order must be strictly adhered to, and you will make a written report to this office of each offender arrested and from whom the drug was purchased, whether from a druggist or pedler."

The complaints against the abuse of cocaine have been very loud for some time, thousands of persons, mainly negroes, using the drug and injuring themselves physically and

mentally by it. Some drug stores confine themselves almost wholly to the sale of cocaine, but the bulk of it is sold by pedlers in either pellets or in powder to mix with wine. Under instructions from the mayor and council the police will try to break up the abuse and banish cocaine from New Orleans.

Cocaine is used extensively by the negroes of Atlanta, the *Constitution* of that city reports, as a substitute for alcoholic stimulants. A preparation of the drug in the form of a powder, which can be inhaled through the nose, thus rendering unnecessary a hypodermic syring, has done much to facilitate the use of "coke,"as the negroes term it. The drug is now used as openly as snuff. Negroes can be seen at any time on the streets or in the police court snuffing the white powder. A few drugstores are growing rich selling cocaine in 10 cent boxes. Less than ten cents' worth is not sold. The law only requires that druggists register the purchasers and place a number on the box, and the druggists do not violate the law.—*American Druggist.*

First Aid in Injuries of Eyes from Lime.–As time is of much importance when the eyes are injured with lime or mortar, there should be no delay nor hesitation in removing the caustic, and, therefore, Stutzer recommends water for the purpose. The injured person should lie on the ground, another should open the eye wide, pulling down the lids with the thumbs and holding them open, while a third pours water into the eye from the height of about twenty inches, using a pail or coffee pot, preferably with a spout, and trying to make the stream as narrow as possible. The patient should then be taken to a physician, a specialist, if possible. The clumsiness of the workmen in opening the eye is not a disadvantage, as the particles of lime are dislodged by the manipulations and are more readily washed out.

A New Method of Catheterization of the Eustachian Tube.—G. Ostino, noting that when the letter "e" is pronounced the soft palate raises itself and the Eustachian cushion approaches the median line, suggests the following method: A mark is made on the curve of the catheter 7 cm. from its tip. The catheter is then passed in the usual manner until the mark is opposite the entrance of the nose, this distance of 7 cm. being the average distance between the anterior and posterior nares. The patient then phonates " e " (English) in a continuous tone, at which moment the catheter is rotated externally. Ostino claims that this manoeuvre will positively engage the tip of the catheter in the pharyngeal orifice of the tube. *Archivo Italiano di Otologia, etc., x., 1, 1900.—Medical Record.*

A Physical Impossibility.—Mike (to chemist): The docther said: "Take wan of these pills three times a day." I tuk wan of thim wanst, but the man doesn't live that kin take wan of thim three times.

A Critical Illness.—"I hear your husband is very sick, Aunt Dinah."

"Yes'm."

"Nothing serious, I hope. His condition is not critical?"

"Critical! I should say he wuz! He ain't satisfied with nuffin."—*The Christian Register.*

"There are things in nature," remarked the philosophical physician, "that completely overawe me. Often do I experience the great difficulty in finding language to express myself."

"Yes," replied the chemist, "I thought it must be something that way when I try to read your prescriptions."

Work of the A. & M. College—Annual Report of President Winston—Industrial Education in Great Demand.—In his report to the Legislature on the condition of the N. C. College of Agriculture and Mechanic Arts, President Winston says that there is a large and growing demand for industrial education, and that this demand is bound to increase for many years to come.

He says, "The rapid growth of manufactures in our State, the certainty of further increase and multiplication, the opening up of new industries, the utilization of water power by mechanical or electrical transmission, the development of intensive and diversified agriculture, especially trucking, fruit growing, stock raising and dairying, the setting up and management of electric plants for light and power, of water works, ice plants, cold storage, laundries, and other small industries requiring machinery, are creating a large and increasing demand for engineers, draughtsmen, electricians, machinists, mechanics, textile workers, dairymen, stockmen and farmers. The demand is far greater than the supply. It is our duty to meet this supply, and we are striving to do so; but we lack teachers, tools, machinery and buildings."

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The Mosquito Family.—The word mosquito has no scientific import. Derived from the Spanish or Portuguese, it simply means "little fly"; it is used popularly to denote a gnat which bites, and most gnats bite when they have a chance. The word is sometimes intended to include certain midges. The Dipterous family Culicidæ, to which the gnat belongs, contains, according to Major Giles, some two hundred and forty-two species divided among eight genera. The great majority of species (some one hundred and sixty), however, belong to the genus Culex; Anopheles includes thirty, while the remainder are divided among the other six genera, none of which are large. The collections which have recently been made at the British Museum are said to contain ten species of Anopheles new to science, so that if all Major Giles' species are accepted we have a total of some forty species of the genus which has been hopelessly convicted of being the medium by which the malaria parasite is transmitted from person to person.—*Quarterly Review.*

Pediculi Pubis (Bartholow).—The washing of the parts with either or chloroform is a sudden and very effective cure for crab lice.

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Alum, parts 20.
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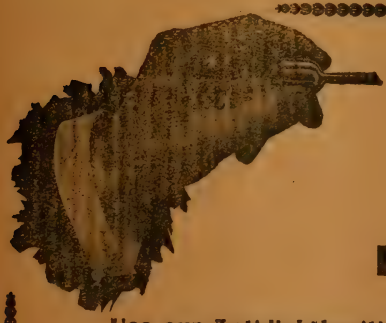

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Editorial.

FAITH AND MEDICINE.

It is by no means an easy task to write a creditable article upon a medical subject for popular perusal —one of the difficulties being to be scientifically correct and yet sufficiently clear in the handling of the topic for the average lay reader. That the public enjoys reading a popular article upon some medical question there is of course no doubt, just as a large percentage of people read with consuming interest the ordinary medical almanac or advertising sheet, with their vivid descriptions of various and sundry diseases accompanied by pictures of former victims of these dread scourges of the race, who have been finally rescued from impending dissolution by the use of some much vaunted medicament. The average man takes a natural interest in the state of his liver and kidneys, their morbid anatomy and symptomatology—rather more in fact than he does if you were to write him a dissertation on hygenic living, correct habits and good cooking. Because of the difficulties we have mentioned the usual medical newspaper article for public consumption is not a success, and yet an educated public opinion is absolutely necessary to the carrying of many needed sanitary reforms and improvements; is essential to the proper management of epidemic and contagious diseases. One of the notable exceptions to the average medical contributions to the lay press is an article appearing in the *New York Sun*, from the pen of Dr. William Osler, of Baltimore. It is a fairly exhaustive and very readable review of the progress of medical science during the last century. Its careful reading by the public cannot but give a broader view of the achievements and ultimate ends of modern medicine. We have called attention to the

article, however, merely to refer to one or two passages of especial interest to physicians, and to those of them who are acquainted personally with the writer, or with his writings, entirely characteristic. Under the head of "a new dispensation in treatment," he says in part:

"The new school has a firm faith in a few good, well-tried drugs, little or none in the great mass of medicines still in general use. Imperative drugging—the ordering of medicine in any and every malady—is no longer regarded as the chief function of the the doctor. Naturally, when the entire conception of the disease was changed, there came a corresponding change in our therapeutics. In no respect is this more strikingly shown than in our present treatment of fever; say of the common typhoid fever. During the first quarter of the century the patients were bled, blistered, purged and vomited, and dosed with mercury, antimony and other compounds to meet special symptoms. During the second quarter, the same, with variations in different countries. During the last quarter sensible doctors have reached the conclusion that typhoid fever is not a disease to be treated with medicines, but that in a large proportion of all cases diet, nursing and bathing meet the indications. There is active, systematic, careful, watchtul treatment, but not with drugs. The public has not yet been fully educated to this point and medicines have sometimes to be ordered for the sake of the friends, and it must be confessed that there are still in the ranks *antiques* who would insist on a dose of some kind every few hours."

This change he attributes to a variety of causes but "above all the valuable lesson of homeopathy, the infinitesimals of which certainly could do no harm and quite as certainly could not do good; yet nobody has ever claimed that the mortality among homeopathic practitioners was greater than among those of the regular school. A new school of practitioneers has arisen which cares nothing for homeopathy and less for so-called allopathy. It seeks to study rationally and scientifically the action of drugs, old and new. It is more concerned that a physician shall know how to apply the few great medicines which all have to use, such as quinine, iron, mercury, iodide of potassium, opium and digitalis, rather than a multiplicity of remedies the action of which is extremely doubtful."

Speaking of some of the modern fads of faith-healing he makes the following sensible remarks, although physicians are rather timid about making such public avowals on the subject.

"A third noteworthy feature in mordern treatment has been a return to psyschical methods of cure in which *faith in something is suggested* to the patient. After all faith is the great lever of life. Without it man can do nothing. Faith in us, faith in our drugs and methods, is the great stock in trade of the profession. As Galen says, confidence and hope do more good than physic—"he cures most in whom most are confident." While we often overlook or are ignorant of our own faith cures, doctors are just a wee bit too sensitive about those performed outide our ranks. They have never had, and cannot expect to have, a monopoly in this panacea, which is open to all, free as the sun, and which may make of every one in certain cases, as was the Lacedemon of Homer's day, "a good physician out of nature's grace." Faith in the gods or in the saints cures one, faith in little pills another, hypnotic suggestiou a third, faith in a plain, common doctor a fourth. In all ages the prayer of faith has healed the sick, and the mental attitude of the suppliant seems to be of more consequence than the powers to which the prayer is addressed."

In commenting upon the progress of

so-called Christian Science he quotes the following very rational explanation of its spread:

"As has been pointed out by a recent writer (Dr. Harry Marshall), the chief basis for the growth of Christian Science is that which underlies every popular fallacy. 'Oliver Wendell Holmes outlined very clearly the factors concerned showing (a) how easily abundant facts can be collected to prove anything whatsoever; (b) how insufficient, exalted wisdom immaculate honesty and vast general acquirements,' are to prevent an individual from having the most primitive idea; upon subjects out of his line of thought, and, finally, demonstrating 'the boundless credulity and excitability of mankind upon subjects connected with medicine.'"

THE THERAPEUTIC MANAGEMENT OF WHOOPING COUGH.

Pertussis is one of those common diseases which like measles, scarlet fever, syphilis and some others, has successfully defied all attempts at isolating the essential morbific material upon which it depends. In the minds of a very large proportion of practitioners its therapeutic management is as unsatisfactory as is its pathology. For a long time classed as one of the catarrhal diseases, observation and research at last raised it to the dignity of a specific infectious disease, dependent upon the presence of some unknown organism "with no distinct causal lesion around which all the symptoms and complicating lesions can be grouped." Various have been the theories advanced in explanation of its true nature—at one time it is held to be a mere catarrhal condition or "cold," with a nervous element superadded; at another regarded as a pure neurosis, affecting the pneumogastric, phrenic, sympathetic, or recurrent laryngeal nerve. The short bicillus discovered by Afanassiew in 1887, cultures of which he injecting into the trachea of dogs, the animals afterwards exhibiting a bronchitis with convulsive attacks, apparently similar in character to whooping-cough in the human being, was for a time supposed to have settled the question of etiology, especially as his results were in some measure confirmed by Wendt. Ritter, however, found a diplococcus in his cases, and Cohn and Newman found a small cocci often arranged as a diplococcus or in chains, while others have found the ordinary pyogenic organisms and some have described a bicillus, resembling the xerosis bicillus, or found protozoa in the blood. Thus it is that whooping-cough is still found in the latest works on pathology classed among the diseases of uncertain bacteriology.

Of more immediate practical importance is the discovery of some reliable curative agent, for with its long course, harassing cough and general debilitating effects, not to mention the long train of complications which follow in its wake and its propensity for attacking subjects already weakened by other diseases, notably measles, it well merits the closest study. Observers differ widely as to its fatality, due doubtless to the varying circumstances surrounding any given epidemic, but Dolan rates it as third in rank among the fatal diseases of England, and Anders says that its gravity is rarely appreciated by the public or even by the profession, claiming that there is more criminal negligence in connection with whooping-cough than with any other disease.

The theories relating to the nature and etiology of pertussis are not more numerous than are the therapeutic agents which have been successfully employed in its treatment, with what result no medical man need be reminded. It has withstood the entire pharmacopea. Out of the

confused mass of remedies which have been advocated for this disease there are a few, however, which have been found reasonably certain and beneficial. In the spasmodic stage the anti-spasmodics have been largely used. The cold-tar preparations are highly thought of by some, while others rely upon asafoetida, quinine, belladonna, bromides, and local applications. There seems no doubt that the latter, say in the form of hydrogen peroxide exercises in the early stage a beneficial effect. Belladonna in the form of the tincture is also held in considerable estimation but it would seem that its exhibition in the form of atropine would be more accurate, especially as it is necessary to give it until physiological effects are observed. Asafoetida is an old remedy deserving of a faithful trial. Recently heroin has been used with what would seem very favorable results. This drug has a specific effect in allaying cough, increases the force and volume of respirations, while it exerts a decided influence in lessening dyspnoea. Dr. H. F. Thompson, in the *Philadelphia Medical Journal* reports several cases of whooping-cough treated by herion, with considerable amelioration of the symptoms in each case. He used the drug in doses of $\frac{1}{48}$ to $\frac{1}{24}$ of a grain every four hours, in accordance with the age of the child. Too small a dose was without evident effect while large doses made the child drowsy. In the case of an adult Dr. Thompson got very good results from $\frac{1}{12}$ of a grain. The relief experienced after the emploment of heroin was sometimes very prompt and lasting. Dr. Thompson gives the following explanation of the manner in which heroin acts in these cases.

"Referring to the statement made by von Herff that the removal of the deposits of mucus on the posterior laryngeal wall aborted the attack, the action of heroin renders this removal easier, by allaying spasm and causing the mucus to be more easily expectorated. Thus, in a nutshell, we find explained the beneficial action of heroin in whooping-cough. The mucus accumulates on the posterior laryngeal wall supplied by the superior laryngeal nerve (the nerve of cough), irritating this nerve and producing most intense cough. If these paroxysms can be aborted by the removal of the mucus from this area, we render the patient less liable to fall a victim to the serious complications of the second stage, and from the antispasmodic and expectorant qualities of heroin we get the desired results."

DR. GOULD AND THE PHILADELPHIA MEDICAL JOURNAL.

With the beginning of the present year Dr. Geo. M. Gould ceased to be the editor of the *Philadelphia Medical Journal*, the term for which he was elected having expired and the board of trustees after passing a resolution complimentary to the late editor, proceeded to elect a new editor-in-chief, Dr. J. H. Lloyd. The change, despite the very formal and brief announcement in the *Journal*, of January 19th, does not seem to have been accomplished without some friction and a very decided protest upon the part of the late editor, who judging from a copy of his remarks on hand, must have made it interesting for the directors of the company.

We are of course unacquainted with the underlying causes which resulted in the retirement of Dr. Gould, who is a brilliant scholarly man, of decided opinions which he does not hesitate to express in pure, but forcible, English. Certainly the *Journal* under his editorship has attained a great success, at least in circulation. It was ably edited and while its editor may at times have been somewhat harsh in his treatment of those who did not agree with

him, or whom he supposed had fallen short of his standard of journalistic and professional requirements, the *Journal* was always a welcome visitor.

While laboring for what he regarded as a better type of medical journalism—and we freely acknowledge that there is ample room for improvement—he probably made a mistake in isolating himself and his journal from his brothers of the same craft, with whom he refused to "exchange." His ambition often expressed, was to build up a great medical journal absolutely independent of lay control—his retirement from the position of editor would seem to indicate that he has failed in this attempt and that the *Philadelphia Medical Journal* is, financially speaking, in the hands of the laity.

Dr. Gould announces his determination to immediately organize another journal, to the capital stock of which the physicians throughout the country have been invited to subscribe.

We wish the promoter and stockholders success in their enterprise, but can assure them that theirs will not be the only medical journal exclusively owned by medical men.

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Cesarean Section for Cancer of the Rectum.—J. M. Baldy (Am. Jour. Obstet., Jan. 1901) recently saw a woman, seven months pregnant, with pain in the back and cachexia, due to a cancer of the rectum about an inch above the internal spincter. To end the suffering and save the child, it was determined to empty the uterus by way of the abdomen as being preferable to delivery by the natural way. By a median incision the abdomen was entered, the uterus opened, the child and the placenta delivered, the womb amputated at the cervix, the stump dropped and the abdominal wound closed without drainage—all being done in fifteen minutes. There was no shock and the convalescence was normal. The patient's distress was relieved and she began to pick up, though, of course, no check to the growth of the cancer was produced. The wisdom of operating and the method of delivery were fully justified by the patient's great, if only temporary, relief. The woman was reported two months later as still living—likewise the boy, in an incubator. Baldy believes that "the cesarean section has as legitimate, albeit a more narrow, place in surgery for the purpose of relieving suffering as it has in the life-saving procedure." In the discussion of this paper, G. M. Boyd thought he would have preferred, as a time-saving measure, to stitch up the wound in the uterus rather than do the hystorectomy.

H. A. R.

Red Cross badges will be worn by all the medical students of the University of Michigan. These students are under strict discipline with respect to infectious diseases.

The Carolina Medical Journal.

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Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

*Movable Kidney.

By R. L. PAYNE, M. D., 300 Freemason, St., Norfolk, Va.

My excuse for calling your attention to the subject of movable kidney is found in the fact that I frequently find patients suffering from this trouble in whom the real condition has been for years overlooked and who have taken widely varying medication without effect. This is due to the fact that movable kidney gives rise to several symptoms which are easily attributable to other causes and in the hurry of everyday work it is too often the case that we jump at conclusions and once having made a wrong diagnosis, it is strange with what fatuity we endeavor to maintain it. Again, the best trained physician often overlook movable kidney because he fails to make a proper physical examination, and I am fully persuaded no man should permit himself to prescribe for any abdominal disease until with the patient stripped and recumbent a careful examination of the whole abdomen is made. In no other way can we avoid frequent and mortifying mistakes. As I write I recall several cases of movable kidney that were mistaken for other maladies by usually competent physicians. Two of these were supposed to have had recurring attacks of appendicitis, another had been treated for intestinal indigestion, while still another had suffered many things of many physicians for some supposed liver trouble. Now, I wish distinctly to state that in each of these cases the diagnosis was comparatively easy and had not been made because of careless methods. Movable kidney is a not uncommon trouble and sometimes may exist without producing symptoms, but in a very large percentage of cases the patient suffers more or less and very many suffer at times attacks of excruciating pain. It is sometimes, but rarely, the result of traumatism causing a true dislocation of acute character, but usually the condition develops slowly, growing steadily worse as the years grow on. The trouble is more common in women

*Read before Seaboard Medical Society, Weldon, N. C., Dec. 13, 1900. Visiting Surgeon St. Vincent's Hospital.

than in men, and many observers believe that repeated pregnancies have much to do with its Euology, this, however, I do not believe is true, because the majority of cases that I have seen have occurred in childless women and because the relaxed abdomen the result of repeated preguancies is the factor, which is alleged to play the most prominent role in this idea of causation, but he who has faithfully tried and seen how utterly futile is all external support in such cases cannot believe the support of the abdominal wall has much to do with the fixation of the kidney. The cases that I have seen have occurred generally in women who having been quite fat have grown lean from some exhausting disease, the fatty capsule is largely absorbed and the organ which is only loosely fixed at best, lacking this support the displacement readily begins and then the weight of the organ does the rest. Of course, added factors in the displacement under the given condition are found in tight corsets pressing other viscera down upon the now easily displaced organ. The right kidney is more frequently displaced than the left, and this fact is probably due to the pressure from above to which the organ is so easily subjected by reason of its position, under the liver. The symptoms of movable kidney are vague pains in the abdomen and back, usually accompanied by greatly disturbed digestion. In some cases the pains occur in paroxysms and are very severe. The pains are sometimes referred to one point, sometimes to another, lumbar, hypochondriac or umbilical region most trequently, but in most of the cases I have seen there was nothing in the location of the pain to lead one to suspect any kidney trouble.

Only recently I have seen a patient with floating kidney, whose physicians had attributed all of her ills to a posterior and harmless displacement of the uterus. I had another case, the symptoms were so slight as to have attracted no attention whatever, while in still another the patient was bedridden and could not stand at all on her feet without suffering the most excruciating agony. Owing to the varying location and character of the pain the diagnosis is often attended with more or less difficulty and can only be made by careful and oftimes repeated palpation of the abdominal contents when a smooth tumor, freely movable, and easily pushed back into the loin is determined. In thin subjects the shape of the kidney may sometimes be made out. The differentiation must be made between ovarian disease, tumors of the omentum; beginning enlargement or displacement of the spleen, renal colic and inflamed and distended gall-bladder. From ovarian disease movable kidney is usually easily diagnosed by the location of the pain and the complete relief to pain usually afforded by the recumbent posture; by the fact that the tumor can be easily displaced upward into the loin which cannot be done in ovarian tumor and the fact that in cases of ovarian tumor the vaginal examination reveals the presence of a tumor growing from within the pelvis. From beginning enlargement of the spleen if the tumor be on the left side, the diagnosis is made by the fixed character of the tumor in splenic enlargement and by the fact that the dullness on percussion elicited over the tumor is continuous with the area of splenic dullness, but if the spleen is enlarged and movable also then the diagnosis is more difficult and is to be based largely upon the relative size of the two organs and the fact that wandering spleen does not give rise to paroxysmal pain. If, however, the spleen is atrophied and wandering, then the diagnosis is impossible, except in thin subjects with abdominal walls relaxed. From tumors of the omentum movable kidney may be diagnosed by the more fixed relations of

the former and the fact that omental tumors cannot be pushed back into the loin. From renal colic the diagnosis is sometimes more difficult because in movable kidney the pain as in all kidney troubles is felt in the loin and may radiate down the groin and along the front of the thigh, but the diagnosis must be made by the presence of movable tumor and the complete relief of pain when with the patient recumbent the organ is pushed up into its proper position. In renal colic, blood may usually be found in the urine.

The diagnosis from inflamed and distended gall-bladder is often attended with great difficulty and this difficulty is much increased by the fact that the gall-bladder is sometimes movable as well as distended. Again, both organs may be very tender to palpation and both may be movable at the same time. The gall-bladder is usually more fixed in its relations than is movable kidney however and the diagnosis can usually be made by repeated careful examinations, though sometimes advantage must be taken of the relaxation of general anaesthesia and should we still fail, and the symptoms be grave, we may be forced to exploratory incision.

Puck declares "when doctors' don't know they look in and see." Mayhaps we sometimes justify our reputation!

In the treatment of movable kidney, if any treatment be demanded, the only thing that offers relief is operation. I have seen several cases of more or less movable kidney which practically gave rise to no symptoms and which demanded no treatment. If the diagnosis be made under such circumstances it is unwise to tell the patient anything of the condition. When one knows there is something not just right with any organ it is apt to set up a train of imaginary ills and this is especially true in the case of the abdominal organs. But there are many cases that cannot be ignored, the patient suffers from too great pain and is too prone to chronic invalidism to permit any dallying with the condition. All teachers seem agreed that many cases can be sufficiently relieved by wearing a proper abdominal bandage or a supporter, something after the order of a hernial truss, but I have yet to see any one obtain the slightest relief from any external support. Nothing will avail but an operation, having for its object the permanent fixation of the organ. After due preparation the patient is placed almost prone on the operating table and the ileo costal space on the affected side is made prominent by a thick pad under the abdomen. An incision is then made through the abdominal wall beginning one half inch below the border of the twelfth rib and parallel to the rib until the retro-peritoneal space is opened. This incision must be of ample length and it must be remember that the liver may be pushed down by the abdominal pad and due care be taken that it is not wounded or sutured. When the retro-peritoneal space is opened the kidney is brought into view by b manual palpation and may require to be held by an assistant. At this point in the operation different operators vary the subsequent procedure. Some advise merely packing around the organ with gauze and then leaving the wound open, packing down upon the organ with gauze and trusting to the abundant granulation to fix the organ in place. Others suture the fibrous capsule of the kidney to the lumbar fasciae and then close the wound with suture. Others again suture in the same way but catch one or two sutures in the parenchyma of the kidney. The suture material must be of sterile silk or silk worm gut and both ends of the kidney must be sutured, else the organ will rotate on its long axis giving rise to pain and endangering the permanency of the operation. Others still split the fibrous capsule

of the kidney, dissect out a portion of the capsule and then suture the organ with the freshened surface to the fascia, while recently it has been proposed that the fatty capsule be split freely, the free edges drawn out into the wound, several inches resected and then the edges of the resected fatty capsule be stitched in the incision and the incision closed. The advantage claimed for this latter method is that the kidney is not an absolutely fixed organ and if the slack in the relaxed capsule be removed the organ will be sufficiently and more naturaliy fixed than by any other procedure.

The two following cases illustrate methods I have used with success:

Mrs. S., AET 42. Widow and mother of three children, was brought into my office on a chair supported by pillows. She was very much emaciated, was excessively weak; suffered constant indigestion and complained of paroxysms of severe pain in the abdomen when she stood on her feet or took a step. She came to be treated for womb disease which did not exist, but I readily detected a very movable kidney. She was so very weak and run down that I kept her in bed a month while I attempted to build her up. Her pain was soon relieved by the recumbent posture, but would return as soon as she attempted to stand or walk. When sufficiently improved by rest, massage, etc., etc., operation was done. The usual lumbar incision was made and the organ brought into view. The fibrous capsule was split and the free edges stitched with silk to the lumbar fasciae. Iodoform gauze was packed down upon the exposed parenchyma and brought out of the lumbar wound. The wound was now sutured at either end, leaving the middle open where the gauze packing was brought out. The packing was renewed every second day until the wound healed from the bottom. The result was excellent. Soon after the operation the dyspeptic symptoms began to grow less, the patient began to take on fat and is now a strong healthy woman.

Mrs. P., AET 32. Unipara gave the history of severe illness and rapid emaciation. Following recovery she began to suffer with pain in the lumbar region, radiating into the groin and down the front of the thigh. The paroxysms of pain were worse the more she was on her feet and were relieved by lying in bed. Her sufferings grew worse and worse until she became a confirmed invalid. Examination revealed a movable kidney on right side which readily came down to the umbilius and over to the median line auteriorly.

After due preparation the following operation was done. The usual incision was made, the organ exposed and sutured with silk to the lumbar fasciae. Two of the sutures passed superficially through the parenchyma of the kidney. The abdominal wound was closed at once and healed by first intention. The recovery was uninterrupted and the most gratifying results have followed the operation.

Movable Liver and its Clinical Significance.

By W. O. NISBET, M. D., Charlotte, N. C.

"Movable liver and its clinical significance," is the title of a recent article by Prof. Einhorn in the *Zeit Schriftfur Diatatische und Physikalische Therapie*, Leipzig.

The comparative frequency of this condition and the repeated diagnostic errors in connection with it justify the following translation and abstract. By Hepatoptosis, or movable liver, we mean a liver which is displaced downward and which can usually, with proper manipulation, be partially or wholly restored to its normal site.

Etiology is not as yet fully explained. As causative may be men-

tioned; constriction of the lower thorax by corset, strain arising from sudden fall, lifting heavy weights, bearing heavy burdens, violent coughing, sneezing, protracted singing, lowered intra-abdominal tension following absorption of fat deposits in omentum, evacuation of large abdominal tumors, and also following repeated labors.

Landau maintains that there must be, (1) a relaxation of the hepatic ligaments, (2) increase of intra-abdominal capacity and ptosis follows from lowered tension. All causes of gastroptosis, enteroptosis or displacement of pelvic viscera operate to produce hepatoptosis.

As to frequency, Einhorn found thirty cases of liver luxation in eight hundred and four patients suffering from stomach and bowel disease. Of the thirty cases, twenty-one were women, and nine men; ten of the twenty-one women had floating kidney and three of these double.

Einhorn classifies cases in five groups: (1) Symptomless or cases which suffer no inconvenience. (2) Dyspeptic or cases with marked digestive disturbance, with weakness and neuroses. (3) Hepatalgic or cases with pain in the liver region, which often radiates to shoulder and is accompanied by pulling sensation about liver. On lying down symptoms disappear. (4) Hepatic colic, pain corresponds in location and severity with that of gall-stone colic. Jaunnice, as a rule, absent. (5) Asthmatic, in which exists thoraic oppression and dyspnoea.

Following are a few of the cases described:

Dyspeptic Group—Case 1. Sarah D., age 37, seven children. For twelve months had suffered from weakness, loss of appetite, constipation and anaemia. Heart and lung normal. Slight bulging right side abdomen, hepatic dullness begins, on right mammary lines at seventh rib and reaches four to five inches below and to right of umbilicus. Liver surface and lower border same easily palpated. Reposition easy on lying down. Ordered abdominal bandage and abundance nourishing food. Fourteen days later patient had gained four pounds and was feeling much stronger.

Case 2. Age 50. For ten years pain in epigastrium and right hypochondrium with loss of appetite, eructation gas and marked constipation. Present condition: Heart and lungs normal, protuberant space between ensiform and umbilicus; on mammary line dullness begins just above rib border; in median line under ensiform process is tympanitic but from its tip to naval is dull, entire convex surface and lower border liver palpable. Partial reposition possible on lying down.

Hepatalgic Group—Case 1. Mrs. E. A. S., age 55. Since twelve years had tenderness in epigastrium; since seven years constipation and eructation. For two years had constant pain in hepatic region. For three years had taken so called "Saulsbury Treatment," (meat, hot water with a limited allowance of biscuit.) Weight reduction through diet and disease, forty-seven pounds; later regained twenty-seven pounds. Present condition: Liver dullness begins two fingers' breadth above costal border and extends hand's breadth below and chiefly to the right of umbilicus; greater curvature of stomach nearly reaching pubis. Ordered bandaged and five meals daily; feeling better since and pains disappeared.

Case 2. The following case occurred in my practice; Mrs. B. W., age 45, 3 children. For past twelve months has had persistent pain in hepatic region accompanied at times by vomiting, also tenderness in the epigastrium. Pain diminishes on lying down. Heart, lungs, and stomach contents, normal. Appetite usually good. Liver dullness begins two fingers' breadth above rib border

and extends to level of umbilicus. Right kidney floating perineum, lacerated. Applied abdominal bandage and ordered nutritious diet; three months reports no return symptoms and is able to do house work.

HEPATIC COLIC GROUP—Case 1. David L., age 41. For past six weeks had paroxysmal pain in right hepatic region; less severe on lying down. Had five attacks, all of which were accompanied by vomiting. Between attacks, appetite good; constipation; loss of weight slight. Status praesans: Thoraic organs normal. On standing there is prominence and dullness between ensiform and umbilicus; palpation reveals tumor corresponding in outline to that of liver. Lines of dullness change when organ is pushed upward.

ASTHMATIC GROUP—Case 1. A. S., 25 years old, single. For two years pain in right hepatic region and with it feeling as if could not take full inspiration. Appetite good; slight constipation. Has jaundice, (unusual). Present condition: Lungs and heart normal. Fullness in epigastrium; Liver dullness begins at costal border and extend in median line to umbilicus. Can make out by palpation right and left lobes; that almost entire organ is below costal border, partially replacable. Ordered full diet and bandage. Marked improvement resulted.

In making diagnosis, it is necessary to have well in mind, landmarks of normal liver dullness and to remember that this organ in ptosis is displaced downward and forward. Dullness will begin at seventh rib, often at costal margin in mammary line. In locating lower border, percuss with a light stroke, else the underlying intestines may obscure the dullness. Palpation should begin at border of rib, using palman surface of hand and fingers and proceed systematically downward and recognize smooth firm surface, then lower border. In fact lobes and hepatic notch, (incisura), can often be made out. Palpate and percuss patient in erect and recumbent posture.

If pleuritic exudate or sub-phrenic abscess press liver downward, can differentiate by finding dullness or flatness extending above normal line of liver and no absence of dullness below fifth interspace as is case in hepatoptosis. W. Legg records case diagnosed as renal tumor but autopsy showed movable liver. Smith and Mundé each report cases pronounced floating kidney but after death found it to be wandering liver.

Treatment consists in a correctly fitting bandage applied to the lower abdomen. No special cushion is needed to press against the liver. Massage and hydrotherapy may be used to advantage to restore tone to abdominal musculature. Full nourishing diet is essential. All complicating diseases of stomach or bowels should receive their usual treatment. The surgical treatment of suturing liver in place has not been satisfactory in the hands of Billroth, Tschern-ing, Marchant and Richelot.

To emphasize the clinical importance of hepatptosis, the author mentions the following instances: In the past two years has seen four cases of movable liver which had been wrongly diagnosed by well-known physicians. Three of the cases were pronounced cancer of the stomach. The fourth case was diagnosed by one physician as appendicitis and by another as gall stone. Each diagnostician urgently advised operation. Bandage relieved all symptoms. In five other cases, wrongly pronounced gall-stone colic, was that of a sixty year old nan, who for ten yeans h had repeated attacks of severe colicky pain in the region of liver. Patient was given course of treatment for gall-stone without improvement; operation was advised and refused. This proved to be a typical case of movable liver and after adjustment of bandage had no more attacks.

Purulent Otitis Media—Its Causes, Complications and Treatment.

By B R. KENNON, M. D., Norfolk, Va.

The subject of this paper being such an inexhaustible one, I shall endeavor to be as brief as its intelligent presentation will permit, and shall omit as much detail as possible. Purulent otitis media being such a common affection and when seen in the acute stage usually so easily relieved and prevented from passing into the chronic variety, which latter is most difficult to cure, I will lay especial stress on the prophylaxis and treatment of the former.

The causes of this affection are legion, among the most important of which may be mentioned, injuries causing rupture of the membrane, exposure to cold and wet, anything causing an introduction of fluid into the middle ear, such as sea bathing, the nasal douche and sniffing of salt water into the nostrils, the acute affectious diseases, especially influenza, scarlet fever and measles and last but by far the most potent cause the presence of enlarged tonsils and adenoid vegetation in the pharyngeal vault. The exanthemata are such a frequent cause that in every case the ear should be frequently examined in order that at the first appearance of middle ear complications the proper measures may be immediately adopted to abort the attack or limit it as much as possible. Perhaps as frequent a cause as the exanthemata is the presence of adenoid vegetation in the naso-pharynx, and I beg to digress for a moment to say that even when they do not cause the condition under consideration they produce the chronic catarrhal form which is even more destructive to the function of the organ than is the purulent variety; so they in all cases should be thoroughly removed under a *general anæsthetic* with forceps and curettes. The diagnosis of their presence is usually very easy as children with this affection are almost always mouth breathers, especially while asleep during which function snoring is frequently observed. The cases due to coryza are very frequent but often in patients of this class it will be found there are adenoids present which not only increase the liability to ear trouble but also causes the patient to be more subject to colds so that these children are liable to several attacks each winter.

Another important cause though not as frequent as the exanthemata and adenoids is the use of various nasal douches, and the very pernicious practice of sniffing salt through the nostrils for naso-catarrh. I have seen so much and such severe trouble follow these measures that I have entirety discontinued them in my practice.

If a case is seen in its incipency we should endeavor to abort it by abstraction of from two to four ounces of blood taken from a point just in front of the tragus, by either the natural or artificial leech, depending on the condition of the patient and also by the abplication of any dry heat, either by means of the hot water bag or japanese pocket stove. If at the end of six to eight hours the above measures have not afforded relief as evidenced by the continuance of the pain and bulging of the membrane it should be freely incised, and not merely punctured as formerly practiced, at its most prominent point which will usually be found to be in the posterior quadrant, although it may be Stophnel's membrane. The canal should then be frequently syringed say once every two hours with some antiseptic solution, preferably Hg. Cl. 2, 1–3000 until all discharge has stopped and there is no re-accumulation either from stoppage of the opening in the membrane from thick mucus or by healing of the incision. The latter often occurs and it will frequently be found necessary to make repeated incisions in order to

secure free drainage. If free drainage is not established there is danger of the chronic form occurring, due to caries of the ossicles or in the tympanic roof. It is only too frequently the case that the ears of these little patients are allowed to take care of themselves with the result that the function of the organ is either seriously impaired or destroyed and the condition becomes chronic which latter condition is usually impossible to cure except by operative means and is a constant menace to even life itself in that it may at any time extend to the mastoid or intra-cranial structures. In chronic cases an otoscopic examination will show granulations or a polypoid condition in the middle ear. These should be removed by the snare curettes and caustics. Among the latter I prefer pure carbolic acid applied on a tightly wound cotton applicator, great care being taken to avoid getting any of the acid on the walls of the canal. After these measures the ear should be kept clean by syringing with Hy. Clg. 1-3000, t. i. d. but it occasionally happens that the discharge is so profuse this not sufficient to keep the canal clean, and by the distillation of an alcoholic solution of Hg. Clg. 1–2000.

The are other cases in which the discharge is slight which do much better under the dry treatment, viz., merely weeping away the pus daily ; the dusting on by means of the cotton tipped probe of a powder of boric acid or steorate of zinc and in no case packing the canal with powdered boric acid as was formerly practiced, I may add that when the dry treatment is employed the case should be seen every day to avoid a caking of the powder which would cause a damming up of the discharge, thus causing serious damage.

It will almost always be found that dead bone can be detected either in the ossicles or in the attic by means of the probe. Should this condition confront us, of course it will be necessary to remove the carious bone. In a certain number of cases the discharge can be stopped by removing the carious ossicles and curetting the tympanic cavity through the canal, but as the time goes on I more and more favor the method of going in through the mastoid, removing the posterior canal wall and converting the tympanum and mastoid antrum into one cavity, for by this means we do a much more thorough operation and the prospects of success are infinitely better.

When we consider that most of the cases of suppurative conditions of the brain and its meniges are due to an extension from the tympanic cavity you will readily see the importance of relieving purulent conditions in this situation.

A frequent result of purulent otitis media is that the necrosis extends upwards and perforates the bone in the middle cranial fossa causing first an epidurat abscess, which if not relieved extends further and causes either a general or localized meningitis. In case the latter happens there is an agglutunation of the dura to the brain at this point and the inflammation extending further upward we have developed an abscess in the tempero sphenoidal lobe ; or, the process may extend backward through the mastoid causing epidural abscess followed by thrombosis of the lateral sinus or cerebellar abscess. The former is by far the most frequent, though both may rarely occur together. Very rarely there is an extension upward and backward simultaneously as in a case seen recently where there was tempero-sphenoidal abscess and thrombosis of the sinus. Where as these conditions are the result of a chronic otitis media they are not unfrequently caused by the acute variety.

I shall not repeat the symptoms and diagnosis of mastoiditis but would refer you to a paper read by me before this association at its Newport News

meeting and published in CAROLINA MEDICAL JOURNAL for July of this year (1900).

The symptoms indicative of brain abscess are pain, usually a dull ache, although there may be at times a sharp shooting pain through the head. Vomiting, especially when it comes on without warning and unaccompanied by nausea and is projective in character, is a very valuable symptom. There may be nausea at times and this is especially the case when the abscess is cerebellar.

There is frequently a change in the patients disposition, that is to say one who is usually morose becomes lively and talkative or vice-versa. Later after the abscess has attained some size these patient's become somnolent but when aroused answer questions intelligently and quickly fall back into their somnolent state.

A slow pulse and respiration are also symptoms of great importance and towards the end there is apt to be Cheyne-Stokes respiration, especially is this the case when the abscess is cerebellar.

The temperature in brain abscess is usually normal or sub-normal. More frequently the latter unless it bursts into the ventricle when it is usually considerably elevated reaching 104 to to 105 with marked remissions.

I have seen one case of simple tempero sphenoidal abscess in which the temperature chart showed a most irregular curve frequently reaching 105. The occurrence of aphasia when the purulent process is in the left side in right-handed people is a symptom of grave significance. When the abscess encroaches on the motor tracts or internal capsule, although occurring very rarely, there are of course various paralysis.

There may or may not be optic neuritis, and as I have repeatedly observed this condition in simple epidural abscess it is very slight significance.

The pupils in abscess of the brain almost always show some change from the normal at some time in its course. Early in the process they may be contracted and fixed. Later when the abscess has obtained some size they are dilated and fixed. They may be unequal, one being either contracted or dilated and fixed and other normal. In case the necrosis involves the bone in the middle fossa it will become necessary to begin as in the mastoid operation making an incision extending for one-half inch above the zygomatic ridge to the tip of the mastoid, and one-fourth inch behind the auricular fold going through all tissues down to the bone. The periostium is then elevated and soft tissues retracted thus exposing the whole mastoid process. The suprameatal spine is then taken as a guide and we go inward and first backward and then inward and forward with chisels and curettes until the mastoid antrum is reached. After which the canal from the antrum to the tympanum is enlarged and any dead bone removed with curettes and rongeurs thus gradually extending upward until the dura in the middle fossa is exposed, when if brain abscess is suspected the exploratory needle is introduced under the strictest antiseptic precautions in various directions. In the introduction of the needle the piston should be withdrawn at different depths to avoid going through the abscess cavily into the healthy brain tissues beyond.

In case we wish to examine the condition in the posterior fossa, the sinus should first be exposed and the bone removed for at least half-inch behind it and then we may make a similar examination with the needle as above described.

Should an abscess be found it should be opened and drained by means of the trocar and canula and the cavity lightly probed with sterilized gauze. The gauze drain is by far more preferable to any form of drainage tube as the presence of a tube is usually not well borne by the brain.

Running in a Rut.*

By F. Julian Carroll, M. D. Summerville, S. C.

Mr. President and Gentlemen:

While a student at that fine old institution which we are one and all proud to claim as our alma mater, I heard the popular professor of obstetrics, when called upon for a speech, assert that he would infinitely prefer delivering a twenty pound child to a twenty minutes' address.

Whether this preference on his part was due to the fact that his obstetrical deliveries net him a substantial fee, while addresses are as a rule nonremunerative, I am not prepared to say.

Personally, my experience with twenty pound babies and twenty minute addresses is equally limited, but I am inclined to think that they are both rather hard propositions to tackle, and in view of this inexperience of mine, I am rather puzzled to account for the origin of the compliment you have seen fit to bestow on me in selecting me as the annual orator.

I appreciate my thorough unworthiness of this distinction, as the soldier said when the cannon ball struck him, and I realize that I should have declined in favor of one more qualified for the task, but I have appreciated the honor too much to do so, and have resolved to tax your patience for a few moments by expounding my views on what can properly be called "Running in a Rut."

To the members of this honorable body whose practice takes them mostly over country roads—and I think the large majority of us have this misfortune—this phrase is more than a mere figure of speech. We know this rut full well, and while we daily anathematize it we must perforce use it. We also know that the more we use it the deeper it gets until finally it comes to be a case of rut or nothing.

Now did we confine our running in a rut to our drives, our buggies and ourselves alone would be the sufferers. Unfortunately for our patients we do not. This practice permeates our daily life. As with our buggy wheels, so with our mental wheels—they make a track, which deepens into a a rut, a rut that grows deeper and ever deeper till it becomes well nigh impossible to extricate ourselves from it.

I remember a story told me by a gentleman who had nursed extensively in Mississippi among yellow fever patients which I think illustrates very forcibly one of the ruts of the genereal practitioner.

It seems that there was an old physician of his acquaintance who had been treating yellow fever patients for forty long years, with one uniform result, the death of his patients.

Finally the old gentleman—the physician—decided to call in consultation a young Scotch doctor who had recently moved in the neighborhood and who had had some success in these cases. This was accordingly done.

"Now, doctor," said the old physician to the young, "I have noticed that all my patients leave me at a certain stage of the disease."

"And what stage is that?"

"The stage of remission."

"And what has it been your custom to give at that stage?"

"A large dose of castor oil and turpentine," answered the old man.

"Now doctor, suppose you omit tha castor oil and turpentine in this case," suggested the young man.

The advice was taken in good part and the patient didn't get his dose. He got well and up to last accounts is not partial to castor oil and turpentine.

*Abstract of the annual address delivered before "The Association of the Alumni of the Medical College of the State of South Carolina," at its annual meeting in Charleston, S. C.

Now this old doctor had been running in the castor oil and turpentine rut for forty long years and had never seen any reason to change. As long as his patients could stand it he could, and they never had any kick coming when he finished with them. They were beyond that, poor fellows.!

Anyway, patients are poor judges of a physician's skill, or lack of it, and like all the rest of us they are themselves prone to running into a rut. If you are employed as their family physician they don't mind asserting openly that you are the only accident that ever happened, the only pill in the bottle, the only person that could play in their yard. Nothing in fact they can say can be too good for you.

But — — , just let them get down on you. Then your name is a particularly dark character of mud. One will pleasantly observe: "What, Dr. ——! He couldn't cut the toenail off the left hind foot of my old yellow cur!" or "I always follow his buggy to know where the next funeral is going to be. He couldn't cure a ham." In fact, any old thing they can think mean of you they will multiply by 79 and tell it to the next scandal monger as a dead secret—then it circulates.

You are selected occasionally because of your ability, but most often because "mother and father" had you, or because Mrs. Brown across the way says you "done her tooth all the good," or perhaps because you "spoke sweet" at the funeral of one of your recent victims, or maybe because Mrs. O'Hooligan has told your prospective patient: "An' shure Misthress Johnes he's a docthur as knows his business. Whin he says that a body's goun to doi thim moight as will sind fur th' praste, fur 'tis doi thim will, shure. Oi supphose he ought to' know; he knows what he guv thim."

Once taken into the family your retention becomes more a matter of tact than skill, as the following true story would tend to prove.

It seems that a physician—who of course is not a member of this Association—had been unusually proficient in piloting patients over those unknown waters to that "bourne from which no traveler ere returns." So successfully had he practiced this specialty of his in one large family of his clientele that only the husband and wife were left to mourn those who had gone before.

Now the good man of this household being rather fond of this wicked old world of ours and being little minded to exchange this "vale of tears" for the "happy hunting grounds" beyond the grave, determined to take thought as to the causation of the decimation of his family, lest he be the next victim.

After much pondering this good man by a process of exclusion came to the conclusion that their family physician had palpably been working more in the interest of the Undertakers' Union than of the Grocers' Union. Being a just man and little wont to discriminate he bethought him that the doctor's conduct had been unfair by the grocers, and straightway he determined to take counsel with his wife as to the advisability of getting a new physician.

He no sooner broached the matter to his good spouse than she flew out at him: "What! change my old physican who has been with me at the death bed of my seven children! No, sir, never!"

As married men we know that this argument was unanswerable, and the same physician attends this good family.

RUTS WE RUN IN.

The ruts we, as medical men, run in are various and sundry and generally speaking they are the broadening out or the narrowing in of the ruts our preceptors traversed before us, just as we are broader or narrower than our preceptors.

Some of us in the early days of our practice conceived the idea that the more medicine we could pour down a given patient the better the patient's chances of recovery, and from that time on we have been filling our patients chock full of drugs and the grave yards chock full of patients. We remember that in our school days we have been asked: "Which weighs the most, a pound of lead or a pound of feathers?" The answer being the same, we have been using the pound of feathers in preference to the pound of lead. Quarts of decoctions and infusions when the alkaloidal extracts would have served a much better purpose and perhaps both of these when no drug at all would have been our proper cue. We have been running in a rut—a rut six inches deep with medicines.

Or perhaps we have blossomed out of college as a ready made specialist and gone to work on our specialty when we were incompetent to practice general medicine.

Say we have become a nose specialist. From year to year as our practice increases we see more and more noses until finally our entire view of humanity centres around a great big nose. In all diseases of mankind we see nothing but deviations of the septune, nasal spurs or enlarged turbinates. Behind and beneath all of this we know of nothing but hypertrophied tonsils and adenoid growths. We treat everything from ingrowing toenail to housemaid's knee, from apoplexy to cholera infantum, with the nasal douche or the tonsilotome. We are looking at the world through its nasal organ and we are running in a rut.

Possibly, though, the eye is our specialty, adopted, we will say, in the early infancy of our medical career. Now we are out gunning for errors of refraction, and let the public beware. If a man falls down in an epileptic fit, Ranney like, we hasten to shove glasses on him before he recovers consciousness, and cure him—until the next fit comes along.

We are looking at the world through astigmatic glasses, and it won't be our fault if the world don't look back through the same medium. We have heard that the eyes are the "windows of the soul," and we are trying to get in at the window.

Maybe though neither the eyes nor the nose has it with us; we have adopted gynecology as our specialty. Now all our attention is centred around the female generative organs. We go on our way removing ovaries and wombs, sewing up perineii and cervices, splicing uteri to the abdominal walls, and looking at the world through a vaginal speculum.

Any disease not the product of a derangement of one or all of the generative organs we do not understand and we do not believe to exist. We are like Hans Dinkenspeil. It seems that Hans on pleasure bent left his home in New York and took a trip to San Francisco. On arriving in this latter city almost the first person Hans met was his friend John Swineburger, also of New York. The surprise was mutual.

"Brigates Yon! What, you in Zan Francico do?"

"Brigates Hans! I do de same as you; I wast on a visit gome."

"Did you de Gape of Goot Hope around gome?"

"Nein."

"Did you de Panama Isthmus gross?"

"Nein."

"Did you de United States through gome?"

"Nein."

"Den you haf nod arrifed!"

"Oh yes, I haf. I de Dominion of Ganada through gome."

Unless diseases come through the channels we allot to them, like Hans we say: "You haf nod arrifed."

Unfortunately for our patients our assertion to that effect does not always relieve the situation. In short our

rut is getting so deep that we can't see over its edges into our neighbors' —we are getting isolated.

Now, gentlemen, I want it distinctly understood that I am not hitting at specialists in particular. I am talking about narrowness wherever it be found, but I think that the tendency to make specialists to order and turn them loose before they are even competent to judge their "strong point," so to speak, in practice, is rather more calculated to engender narrowness than is general practice.

Speaking of peculiar adaptability, a young medical friend of mine, a country practitioner, recently applied for the marine hospital service. Asked what was his particular forte in practice was, he answered, "surgery and the general practice of medicine." The presumption is that he considered himself a pretty good all around man.

Probably we, the "rutters," are doing good oftener than harm, but we are not doing all that we can and all that the public has a right to demand of us.

Gentlemen, the remedy for this is obvious. Let us run our ruts up against other ruts. In other words, let us come in contact with those who don't think as we do simply because we do. Let us of the solitary country roads run our rut into the populous thoroughfare. Then, and then only, will we come to the realization of the fact that ours is not the only wagon track on the highway.

Belong to medical societies, which represent the highway; subscribe to good medical journals, and do unto the editors thereof as you would have your patients do unto you, and when your assets are enough ahead of your liabilities, or you can get ahead of your creditors, go North and take a post-graduate course.

Of course the personal equation must be considered, and it is possible that some of us are narrow enough and conceited enough to fail to derive benefit from our betters for the simple reason that we do not think our betters exist; these are beyond recall.

In conclusion, gentlemen, I realize that my twenty minutes talk against narrowness is about as likely to prove effective as the old woman with the broom was likely to keep the sea back, and I trust you will excuse my monumental gall in making the attempt.

Report of a Case of Pylorectomy for Carcinoma.

By Stuart McGuire, M. D., Professor of Principles of Surgery and Clinical Surgery, University College of Medicine; Surgeon in Charge St. Luke's Hospital; Visiting Surgeon Virginia Hospital, Richmond, Virginia.

Capt W., patient of Dr. D. T. Tayloe, of Washington, North Carolina, was admitted to St. Luke's Hospital, October 23rd, 1900, and gave the following history: He was forty-four years of age, came of healthy family, and until recently had been singularly free from illness. Eighteen months ago he began to suffer from indigestion and slowly to lose flesh and strength. Three months ago he discovered a small, hard, freely movable lump in the upper part of his abdomen, which had been variously diagnosticated by different doctors as an aortic aneurism, a movable kidney, and a "growth in the bowels." His tongue was coated, his breath foul, and his bowels distended with gas. Food taken into the stomach would remain undigested for hours and then be vomited. His weight had been reduced from 160 to 112 pounds. There had never been pain, hematomesis or cachexia. An examination of the stomach contents showed an entire absence of hydrochloric acid and the presence of lactic acid, and his urine contained large quantities of ndican.

A diagnosis of carcinoma of the

Reduced photograph of specimen removed.

neal glands not enlarged. The malignant growth could be accurately outlined and was found to begin in the pyloric valve and extend some three and a half to four inches in the walls of the stomach. An elastic constrictor in the shape of a catheter was tied around the duodenum two inches below the mass, and another around the stomach about its middle to control hemorrhage, and the omental attachments between these two provisional ligatures tied in sections and divided. The diseased portion of the stomach

pylorus was made; the patient fully acquainted with the nature of his trouble, and an operation advised as a desperate but only chance for relief. To this he consented.

Preparatory treatment was instituted for a few days and consisted in the restriction of the diet to predigested nitrogenious food, the regular and systematic lavage of the stomach and the administration of small and repeated doses of calomel to empty the bowels and produce relative intestinal antisepsis.

The operation was done on the afternoon of October 30th. A five inch median incision was made and the pyloric end of the stomach and the duodenum delivered through the wound. Adhesions were slight and the mesenteric and post perito-

Micro photograph of tissue.

was then excised, care being taken to cut through apparently healthy tissue at least one inch from the neoplasm. The divided end of the stomach was then united from above downward with three rows of silk sutures until only an opening was left at the inferior angle equal in size to the lumen of the cut end of the duodenum. An anastomosis was then effected between the two by means of a Murphy button. The elastic constrictors were removed and as no bleeding followed the toilet of the peritoneum was made and the abdominal incision closed without drainage. Time of the operation an hour and twenty minutes. Macroscopical and microscopical appearance of the specimen removed shown by the accompanying illustrations.

The patient reacted well and made an uninterrupted convalescence, his temperature at no time reaching 100 F. For the first three days he was fed by nutritive enemata and his thirst relieved by high rectal injections of saline solution. On the fourth day he was given buttermilk by mouth. His bowels were kept open from the first by mercurials and aslines. The button was passed on the eleventh day and solid food was permitted shortly afterwards. His tongue cleaned, his appetite became good and he gained nineteen pounds in weight while at the hospital. In a letter received from him dated December 15th, a little over six weeks after the operation was performed, he says "I am improving very fast. I weighed last Saturday and weighed 140 pounds; I have just weighed today and weigh 148 pounds. I am feeling fine; appetite good—sleep well—bowels regular and act every day of their own accord. I can take enough food to satisfy me by eating three times a day. I can eat very near as much now as I could before I was sick: am getting strong rapidly."

Dr. A. L. Gray, of Richmond, in the Virginia Medical Semi-Monthly for November 9th, 1900, reports a case of cancer of the stomach in which a diagnosis was made early, but owing to the patient's unwillingness to submit to an operation surgicial intervention was delayed until, when the abdomen was finally opened, the case was found inoperable. In commenting on the case Dr. Gray says "When we have obstinate gastric trouble particularly of the fermentative type with even slight pain in the epigastirc region, progressive emaciation and probably beginning cachexia, we should examine as soon as possible the contents of the stomach after one of the test meals, and if we find the absence of hydrochloric acid and the presence of lactic acid and Boaz Oppler bacilli, whether a tumor be detected or not there is ground for strong suspicion of cancer, and we should advise an exploratory operation at once, which can do practically no harm to the patient, and if removal of the diseased tissue be practicable may be the means of saving life."

Dr. H. O. Walker, of Detroit, in reporting a recent successful case of pylorectomy for carcinoma (*Journal American Medical Association*, for April 21st, 1900) sums up the subject strongly and tersely when he says, "The consensus of opinion regarding the surgical treatment of cancer of the stomach has been that of laudation, condemnation and criticism according to the experience and results of the operator. The causes of death following this operation are shock, exhaustion and sepsis, largely due in the first two instances to the condition of the patient at the time of the operation ; in the latter to the faulty technique in most cases. The mortality record has slowly improved. Ewald, who condemned the operation, has a death record of 75 per cent. while Maydl, in a recent report of 25 cases operated on, states that 16 per cent. died from the operation, 28 per cent. from recurrence, and 56 per cent. are still living. Of

this number one operated on August 27th, 1890, still lives. This good showing is undoubtedly due to better technique, earlier recognition of the presence of cancer, judicious selection of cases and experience.

The Physiological Test—Talks With Medical Men.

[SELECTED PAPER.]

By T. Mabem, F. C. S., Glascow, Scotland.

STROPHANTHUS.

It has recently been my privilege to come into frequent contact with medical men, and in the course of conversation I have had daily experience of the truth of the familiar saying: "Doctors differ." The gentlemen whose opinions I propose to quote belong to every class in the profession, from the university professors and world-renowned physicians and surgeons to modest general practitioners, but no matter what their position may be in the social scale or in professional rank, the same story holds good of all, namely, the extraordinary diversity of opinion that exists regarding the therapeutic value of some of the most potent drugs of the Pharmacopœia, and even of many familiar drugs which are not so potent. It has proved an exceedingly interesting study to me to hear and discuss these various opinions, the repetition of which may possibly be of some value to others placed in similar circumstances, and, indeed, there are few pharmacists who come into contact with medical men who are not at one time or another required to explain why it is that certain preparations vary so much in therapeutic activity.

It is hardly worth while to waste time with those medical men, for example, who refuse to prescribe morphine because it has not the astringent power which, they allege, opium possesses; or their brethren who will have none of opium because of its nauseating tendency, and who regard morphine alone as worthy of attention; or with the men who decline to prescribe tincture of cinchona, but who use quinine freely, or the others who consider the cinchona alkaloid vastly inferior to the preparations of the entire drug. We do not propose to discuss such differences as these, for however much we may marvel at them, we nevertheless realize that the differences are in name only and not in reality. To try and reconcile them is a quite unnecessary task, and life is too short to waste in useless logomachy.

The difference to which I allude belong to another category altogether, as, for example, where a particular drug is regarded by one practitioner with such aversion that neither in its crude form nor in its active principles does he use it at any time, whereas this same drug is regarded by another practitioner as the very one that in certain circumstances he would not be without. That there are just such drugs and such medical men we know very well, and the problem is, how are we to account for these differences of opinion? Can they be explained on any rational hypothesis? And is it possible to reconcile these two sets of medical men so that they may see eye to eye with regard to some of the most important armamentaria of their profession? To these questions I venture to return a direct reply in the affirmative. We can account in a perfectly satisfactory way for these differences of opinion, and having done this, we shall be in a fair way to reconcile the opposing schools of thought.

In order to reduce the discussion to a concrete and thus more easily intelligible form, I propose to deal with a few of the principal drugs regarding the virtues of which medical men are in such sharp antagonism, and for the first I select strophanthus, a drug around which discussion has been car-

ried on to a greater or less extent for many years.

The history of strophanthus as a therapeutic agent may be briefly summarized. The drug was first made known to civilization rather more than a quarter of a century ago by Dr. R. T. Fraser, of Edinburgh, but for a long time it was neglected on account of the difficulty of procuring the seeds. This difficulty at last appeared to be solved, and in 1885 strophanthus was formally introduced by Professor Fraser and Dr., now Professor, Ralph Stockman, to the medical profession at the meeting of the British Medical Association in that year. Almost at once the drug assumed a commanding position as a remedy for a certain class of heart affections, and for a time it fulfilled every expectation. Unfortunarely, however, from a cause which will presently be explained, it has been deposed from its high position, and now in the opinion of many medical men it makes a very poor second to digitalis.

With the view of introducing discussion on the physiological test, I frequently put the question, "What is your opinion of strophanthus?" and the answers I receive are so contradictory that it would really be amusing were it not at this time of day sad to find opinions so diverse. Here, for example, is how one gentleman recently replied: "My opinion of strophanthus is decidedly a high one. I would not exchange strophanthus for any drug in the Pharmacopœia, and I could give you numerous cases in support of my view. I recall one, a lady who came to me literally in the fear of death from heart from heart disease- She had already been in the hands of two medical men, both of whom, I could gather, had treated her with digitalis, with no improvement. I prescribed strophanthus, and the result was simply marvelous. The patient recovered her health and spirits, and since then she has borne a child, and both of them are perfectly well and strong. I would not be without strophanthus on any account." I ventured to suggest that not every doctor was so enthusiastic in its praise, but he assured me he had never had occasion to think differently. I further remarked that he owed a good deal to the pharmacist who dispensed his prescriptions, but threw out the hint that if some day he did not get the good results he was expecting he must not think that the pharmacist had suddenly become careless or indifferent, and in order to avoid the possibility of any such mischance his obvious duty was to specify "physiologically tested" on his prescriptions.

Within a couple of days I had another conversation, this time with a consulting physician who had an extensive practice, and this is how he spoke: "Strophanthus? I never use it; have not prescribed it for years. No drug has ever been such a disappointment to me. At one time I got good results, but latterly the effect was so uncertain that I was compelled to give it up entirely. Strophanthus went up like a rocket, but it came down almost as rapidly, so far as I am concerned, and now I rely solely on digitalis. You need not speak about strophanthus to me." Such was the testimony of number two, and I did not leave him till I had convinced him that he might give the drug still another trial.

The only other opinion it is necessary to quote is that of an eminent professor of materia medica, a gentleman who had a good deal to do with the drug when it was introduced fifteen years ago. Replying to my question as to what he now thought of strophanthus, he said he was quite satisfied with it. "But," I asked, "don't you find it very variable?" "Yes, it does vary very much, but I am careful to use only what I have ascertained to be active." That was all very well for him, I said, but how many men or firms were in the posi-

tion of being able to determine its activity? He admitted the fairness of the question, and went on to tell how, many years ago, he was asked by an eminent firm of manufacturing chemists, whom he named, to test the activity of a very large parcel of seeds. These turned out to be of such inferior quality that they could not be used. "This means," I said, "that the firm you speak of were unable to statisfy themselves by a chemical estimation, and therefore they applied to you as a pharmacologist." "That is so," my friend replied; "there is no dening the fact that chemical analysis is not sufficient for a drug like strophanthus, and we must have recourse to the physiological test. Without this test it is not possible to be certain that the characteristic effect will be obtained from any given sample of seeds." Questioned further as to the pharmacognosy of the drug, he stated that in his opinion the variation in the activity of the seeds was in all probability due to the fact that the follicles were plucked before they were ripe, and it was extremely difficult, if not impossible, to say by any physical test whether the seeds that came into the market were or were not fully matured.

This brief account of my conversation with these three medical men furnishes a good view not only of the antagonistic opinions held regarding strophanthus, but supplies the reason why this antagonism exists. Much of the drug that comes into the market is practically inert, and since all kinds of seeds are made up into tincture, is it to be wondered at that the opinions regarding the drug should be so diverse? The experience of my first informant has so far been a fortunate one, and he was enthusiastic; the experience of the second had been variable and disappointing, and he had given up the drug in disgust, while the third, knowing the pitfalls of the situation and being able to select and test the seeds for himself—he being attached to a large hospital and in charge of wards therein—was in the position of guaranteeing that the work expected of it. It is admitted that strophanthin and the other active principles hitherto isolated do not supply the place of the entire drug, and consequently estimations of its value, based on the known percentages of these, are not only useless, but may be distinctly harmful. Our best authorities are as one on this point, that the only entirely satisfactory method of assaying the therapeutic value of strophanthus is the physiological test.

Having once realized this the duty of the prescriber is plain; but is there not reason to suspect that sometimes he shirks his responsibility and hands it over to the pharmacist? I think there is; nay, I am certain of it. Talking one day with an eminent consultant, other than those I have already referred to, I was trying to impress upon him the desirability of specifying on his prescriptions that he wished physiologically tested preparations to be used. His reply was in one sense disappointing, and in another highiy gratifying. "No," he said, "I will not specify anything on my prescriptions; this I leave entirely to the chemist. I naturally expect that a patient who gets a prescription from me will take it to a first-class man to be made up; if they don't, that is their lookout. If they ask me to recommend a chemist I say, go to Mr. So-and-so. I have sufficient confidence in him to know that he will supply only the very best drugs, and therefore if you have any improvements in drugs to talk about go to him, and don't take up my time, for I do not want to hear anything about them."

This splendid testimony accords with what I believe is the general feeling among the best medical men regarding the best pharmacists, but it also shows what a tremendous respon-

sibility rests with the latter. Do they sufficiently realize it? Frequently, I regret to say, they do not. On the one hand they are sometimes so very conscientious that they are afraid to use the physiologically tested preparations unless they are specially prescribed, for fear they should turn out to be much stronger than the medical man expects, an unconscious admission of the value of the test. On the other hand, they too often consider that they have done their whole duty if they adhere to the *litera scripta* of the Pharmacopœia. Said one to me, for example, quite recently, "Is it not sufficient if I buy the best strophanthus seeds and make up my tincture according to the pharmacopœia? "Yes," I replied, "legally it is sufficient; ethically, it is not. If you consider yourself a mere tradesman you have done your duty, but if you consider yourself a scientfic pharmacist you have not done your duty. Any porter can chop up strophantus, pack it up in a percolator, run spirit through it, and make an official tincture, but you would consider it an insult if any one called you a porter. You are more than a tradesman, and you are expected to exercise your skilled and trained judgement in the preparation of your galenicals. If you know that research has proved that the official processes fail to give preparations on which absolute reliance can be placed by medical men, it is your solemn duty to supplement those processes in order that there may be no failure so far as you are concerned. The situation is much too serious to be dismissed with a wave of the hand, and I want to impress upon you the fact that the true conception of your duty will often lead you far beyond the details of a pharmacopœial process. Moreover, should it happen, as in the case of strophantus and many other drugs it does happen, that the guarantee of the activity of these drugs can only be obtained by special means, such as not one pharmacist in five thousand can ever employ, it is unquestionably your duty to take advantage of such means as the energy and skill of others bring within your reach; in other words, and to put the point in commercial form, you cannot test drugs physiologscally yourself, therefore you ought to buy only such preparations as have been physiologically tested by those in a position to make that test."

It is only by thus discharging our duty that the trust reposed in pharmacists by medical men can be adequately rewarded. This confidence deserves to be recognized by the most strenuous efforts on our part. It can only be maintained by our continuing to deserve it, by always and in every case supplying what we know to be the most therapeutically active preparations, even though to procure these we may have to go far beyond the mechanical directions of the pharmacopœias.—*Medical Age*, *Jan. 1901.*

If You Wish to Cool a Room.

Under the above heading we find in an exchange this: "If you wish to cool a room wet a cloth, the larger the better, and hang it up in the room. If the ventilation is good the temperature will sink ten or fifteen degrees in less than on hour."

This calls to our remembrance that at the time President Garfield was shot we saw in our morning paper that he was suffering terribly from heat. As soon as we arrived in town we went at once to our principal telegraph station on State street and telegraphed the President's private secretary at Washington to cool the President's room by cloths hung across it constantly wet with ice water, and the next morning (or the second) had the pleasure of seeing in our paper that the President had been greatly relieved by the process. —*Medical Age.*

Review of Medical and Surgical Progress.

Fracture of the Patella.—J. M. Barton (Jour. Am. Med. Asso., Jan. 26, 1901) enthusiastically advocates the operative treatment, and claims that the majority of American surgeons are now decidedly in favor of this method. All forms of external treatment have failed. The risks of operation, both to life and limb, are not great. There may be grounds for a malpractice suit if the physician says nothing about operation and permits his patient to recover with a lame leg. Barton advises operation "in all cases where the fracture is due to muscular contraction, in a healthy individual where asepsis can be secured." Unless the fracture is compound he thinks the operation should be postponed for ten days to allow the swelling and tenderness to subside. During this period he counsels rest on a splint and ice to the joint, if necessary. In preparing for the operation special attention should be given to the skin. He suggests exposing the knee to the hot air apparatus used for rheumatism. He recommends a vertical incision. Heavy silver wire is used for suture material, only one as a rule being needed, and for making the holes in the bone, a carpenter's brad-awl. The fragments are brought together, the wire twisted and the capsule, if much torn, closed with catgut. Drainage usually not being necessary, the skin is closed tightly with sutures which should not go entirely through the skin, to prevent the carrying of any possible infection into the joint. Sterile dressings, a splint and firm bandaging complete the details. The time for complete rest is being constantly shortened. Phelps, of New York, makes passive motion at the end of the third week. With operation or without it the joint is very stiff for months; massage and forced movements are needed to restore usefulness to the limb. H. A. R.

The Choice of Suture for the Patella.—E. M. Cox (N. Y. Med. Record, Jan. 12, 1901) prefaces his paper by saying that the consensus of opinion among surgeons of the present day is that the best treatment for fracture of the patella is by operation and suture. He indicates that the majority of writers agree in recommending the use of silver wire for suture material. The entire non-absorbability of wire is an objection to its use and there is never any certainty that the bone will escape caries and the patient a scraping operation owing to irritation. In an average case the fragments do not need to be held together very firmly, bone being exceedingly vascular and the quadricaps not acting while in the splint. Absorbable sutures for the patella are available, by which the fragments can be held in opposition till healing begins. Cox reports three cases in which a transverse incision was made, and the fragments sutured with catgut. The results seem to justify in these instances, at least, the wisdom of choosing the suture. H. A. R.

The Prevention and Relief of Post-Operative Intestinal Obstruction.—Clement Cleveland (*N. Y. Med. Journal*, January 5th), in this paper refers first to the kinds of obstruction, restricting his definition to that form caused by the operation itself and due to distortions and flexions from handling the intestines. Insignificant adhesions thus formed will cause obstruction. The passage of gas early after an abdominal operation is evidence of favorable progress; should it not occur there will usually be further symptoms of obstruction. Those cases in which it is impossible to keep the intestines away from the operative field always show the greatest difficulty in bringing about the expulsion of flatus. To prevent undue intestinal handling the following may be

relied on: Careful preparation of the bowels beforehand; irrigation by the rectum just before the operation; Trendelanburg position; covering all raw surfaces; irrigation of abdominal cavity with normal salt solution and allowing a portion to remain. To relieve intestinal obstruction, Cleveland has been using oxygen gas for a year or more. He gives it by rectal insufflation, introducing it slowly for five or six minutes until the patient complains of pain and distention. Gas is expelled instantly, as a rule; if the condition is not relieved the insufflation is repeated one or more times. He reports several c ses in which the method seemed to relieve where other usual measures failed. There is no danger, if ordinary care is observed, and if introduced slowly through water in a flask. Large cylinders of oxygen may be obtained and kept ready for use. The author considers that oxygen has not the power merely to open the lumen of the intestines but to promote peristalsis as well, as large fecal evacuations often following immediately after its use. He is inclined to believe that it may take the place of active cathartics. H. A. R.

The Queen's Last Illness.—The following account of the gradual failure in the health of the Queen, which is believed to have been written by her Majestry's physicans, is published in the *British Medical Journal* of January 26th: "The Queen's health had been failing for the past twelve months. The symptoms were mainly of a dyspeptic kind and were accompanied by impaired general nutrition and periods of insomnia and later by occasional slight and transitory attacks of aphasia, the latter suggesting that the cerebral vessels had become damaged, although her Majesty's general arterial system showed remarkably few signs of her age and constant brain work through her long life of royal responsibilities and imperial events. The domestic sorrows and anxieties which crowded into her late years may undoubtedly he held in some measure to account for this discrepancy between cerebral and general vessel nutrition. The thoracic and abdominal organs showed no signs of disease. Dyspepsia, which tended to lower her Majesty's original robust constitution, was especially marked during her last visit to Balmoral. It was there that the Queen first manifested distinct symptoms of brain fatigue and lost notably in weight. These symptoms continued at Windsor, where, in November and December, 1900, slight aphasic symptoms were first observed. They were always of an ephemeral kind and were not attended by any motor paralysis. Although it was judged best to continue the negotiations for her Majesty's proposed visit to the continent this spring, it was distinctly recognized by the physicians and those in closest personal attendance upon her that these arrangements were purely provisional, it being practicularly desired not to discourage her Majesty in regard to her health by suggesting doubts as to the feasibility of her trip abroad, to which she had been looking forward. The Queen suffered unusual fatigue on her journey to Osborne on December 18th, showing symptoms of nervous agitation and restlessness which lasted for two days.

Her Majesty afterward improved for a time, both in appetite and nerve tone in response to more complete quietude than she had previously consented to observe. A few days before final illness, transient but recurring symptoms of apathy and torpor with aphasic indications and increasing feebleness gave great uneasiness to her physicians. On January 16th the Queen showed for the first time some symptoms of mental confusion. By an effort of the will, however, her Majesty would for a time, as it were, command her brain

to work, and the visitor of a few minutes would fail to observe signs of cerebral exhaustion. On Thursday of last week the mental confusion was more marked, with considerable drowsiness, and a slight flattening was observed on the right side of the face. From this time on aphasia and facial paresis, although incomplete, were permanent. On Friday the Queen was a little brighter. On Saturday evening there was a relapse and graver symptoms, which, with remissions, continued until the end. It is important to note that, notwithstanding the great bodily weakness and cerebral exhaustion, the heart's action was steadily maintained to the last, the pulse at times evincing increased tension, but always regular and normal. Frequently the temperature was normal. Throughout the last few hours of life paresis of the pulmonary nerves set in, but the heart beat steadily to the end. Beyond the slight right facial flattening there was never any motor paralysis. Except for the occasional lapses, the mind cannot be said to have been clouded, and within a few minutes of her death the Queen recognized several members of her family."

New York Academy of Medicine—Section on Orthopædic Surgery.

GEORGE R. ELLIOTT, M. D., Chairman, Meeting of January 19th, 1901.

Dr. Homer Gipney presents a girl, aet. 17 years, tall, with a round back or posterior curve of adolescence of which he exhibited a tracing. He had applied the plaster jacket she now wore, only a few hours before, by placing her in the recumbent position, the body resting upon two uprights—one under the pelvis and the other under the point of greatest prominence of the back. Her head and shoulders were allowed to sag backwards and downwards. The position maintained, which caused the patient some suffering, was a marked over-correction. Another jacket would be applied later. The patient did not bear the operation well, on account of cardiac complication.

Dr. Henry Ling Taylor said he had not understood what diagnosis had been made, but the girl seemed unusully tall for the age assigned, and asked if the possibility of gigantism has been considered, as a marked round back was common in such conditions.

Dr. Royal Whitman said he was familiar with the history of the patient. She had some cardiac disease, was rickety, over-grown and badly nourished. He considered her condition merely the round spine of adolesence partly due to her height and heart weakness, and called attention to the patient showing lack of ordinary intelligence.

Dr. George R. Elliott asked Dr. Gibney how much force in pounds he had used to correct the deformity.

Dr. Gibney replied that little force beyond gravity was used, the sagging of the body between the supports appeared to give the necessary extension.

Dr. W. R. Townsend said that he had put up a case of spondylose rhizomelique last week in a much straightened position followed by a feeling of relief to the patient.

Dr. Taylor remarked that Kietley had described anterior crutches to hold the shoulders back, which would seem to answer the purpose of epaulettes as used in this jacket, without their disadvantages.

EPICONDYLAR FRACTURE OF THE ELBOW.

Dr. Homer Gibney presented a small boy who had sustained a fracture of the elbow three months previously. The fracture was above the condyle. When the patient presented himself at the hospital the elbow was fixed at an angle of 105

degrees with but little movement. The joint was cut down upon by Dr. V. P. Gibney and the detached fragment sutured into place.

Dr. V- P. Gibney said the epicondyle and nearly the entire condyle had been displaced, interfering with motion. He had cut down upon the joint and separated it with an osteotome, cleaned off the site of the fragments and pushed it down suturing with kangaroo tendon; he then put the arm in a straight position, left it for four or five weeks and then allowed active motion. Passive motion was not employed.

Dr. T. Halsted Meyers commented upon the excellent result and remarked that children were often allowed to go on with fracture at the elbow united in poor position in the belief that they would outgrow the disability in great degree which was true, but it was better to correct the deformity entirely even resorting to open operation when necessary. He called attention to Dr. Lloyd's excellent reports.

COXA VARA.

Dr. Townsend presented a boy aet. 14, with the history that three years ago, without apparent cause, began to limp and noticed that one leg was a little shorter than the other. The condition increased and he had some pain. There was one inch of actual shortening. Radiographs were shown. He diagnosticated coxa vara of the ordinary type. He said there were two points of note; one, good flexion and extension with little adduction; the other, the smaller size of the limb.

Dr. Townsend showed another skiagraph of a patient in which he had made the diagnosis some time ago of coxa vara. In this case under observation for three years there had been a progressive shortening of about ⅛ to ¼ inch each year, now amounting to ¾ inch.

Dr. Whitman called attention to the importance of the limitation of motion, that although the patient still retained ten per cent. of abduction, there was an apparent shortening of two inches. This shortening and consequent disability was due to to the limitation of abduction This deformity might be overcome, after preliminary stretching of the contracted muscles, by a cuneiform osteotomy at the base of the trochanter which would reëstablish the angle of the neck and thus relieve the strain upon it. He advised this operation in Dr. Townsend's patient, though the best results were to be looked for in younger patients, or at an earlier stage of the deformity.

Dr. Elliott asked Dr. Whitman how large a wedge of bone he would remove.

Dr. Whitman suggested cutting a paper model of the bone as shown in the skiagraph, and measuring on that the size of the wedge to be cut out; he thought one with a base of ¾ of one inch would be sufficient in the patient under discussion.

Dr. Elliott asked if the length of the limb would be much increased.

Dr. Whitman replied that the actual increase in length would be slight, possibly ½ inch; the important point was that there would be no apparent shortening because there would be complete relief of the limitation of motion which caused the apparent shortening.

Dr. Townsend said, he had performed the operation referred to by Dr. Whitman in two cases with good results and saw no reason why it should not be done in this case. In one patient, however, a little girl aet. 7 years, who had slight coxa vara he had applied a traction splint and did not see in this particular case why it was not as good as the osteotomy advised by Dr. Whitman. He thought apparatus worn for a few years would give good results in the mild cases.

Dr. Myers agreed with Dr. Town-

send that it would be better in the beginning of these cases to use some sort of supporting apparatus that would not need bandage or plaster, thus avoiding pressure atrophy. He thought the Campbell brace especially adapted for such cases. It removed part or all of the body weight and was inconspicuous.

Dr. V. P. Gibney asked just what the Campbell brace was.

Dr Myers illustrated it by a drawing showing it extending to the hip.

Dr. Gibney asked if the Campbell brace had always extended to the hip as drawn by Dr. Meyers.

Dr. Meyers said that it had for the last eighteen years.

Dr. Taylor said that this brace reminded him of the Dow's brace which was valuable when it was desirable to use a perineal crutch and allow motion at the knee. He cited cases which had done well under the use of the hip splint, but could not give final results as the patients had not returned after treatment was discontinued. He had recently seen a case of coxa vara in consultation when four out of six surgeons consulted were in favor of the splint treatment.

Dr. Whitman did not favour the use of apparatus as a routine treatment, believing that after its discontinuance the distortion was likely to increase. The nutrition of the parts was likely to be lessened rather than increased by the use of braces. He had been disappointed in the final effect in cases in which apparatus had been used. Fnally, braces could not rectify the deformity, at best would but relieve the symptoms and check progress. His operative results had been satisfactory. The patients after operation did not limp. Nearly all of his operative cases were between the ages of six and ten years.

Dr. Whitman replied that the patient would not get much worse, might get some better; as a rule, after the more acute symptons had subsided the patients adapted themselves to the deformity and got along very well with a greater or less degree of limping. He stated that several of the German writers were apparently opposed to either mechanical or operative treatment.

Dr. Louis A. Weigel, of Rochester, N. Y., thought apparatus might be used to advantage in the earlier stages of coxa vara for the removal of superincumbent weight which is an etiological factor. He believed the difference in size of the femora as shown in the radiographs was due to a true atrophy or arrest of development. If coxa vara is due to defective nutrition, development of the affected side would be retarded.

Dr. Townsend asked if the boy in question would walk perfectly if the abduction were overcome.

Dr. Whitman said if there were no limitation of abduction, the boy would walk almost perfectly, whatever limp persisted would depend upon the actual shortening.

Dr. Elliott wished to know what would be the prognosis if the case was left untreated.

FRACTURE OF THE NECK OF THE FEMUR.

Dr. Towsend presented a man 19 years of age who in December 1899, fell a distance of 40 feet, striking on his hip. A diagnosis of contusion was made at the hospital to which he was taken where he remained in bed six weeks, at the end of which time he could not walk except with the aid of crutches. He came to hospital of Ruptured and Crippled in April, 1900, and a diagnosis of fracture of the neck of the femur was made. There was one inch of shortening, inversion of foot, crepitation at site of fracture when movements were made. Extreme pain and inability to bear weight on the limb or lift from table when lying on his back. A long traction hip brace and a high shoe were applied and worn for six months.

The man can now walk with little or no pain, and when lying on his back can raise his leg nearly as well as on the sound side. There is one inch of shortening, no crepitation at hip snd all motions are possible without pain. Dr. Townsend thought traumatic coxavara could be applied to this case.

Dr. Meyers thought the case very encouraging. He had presented a similar case sometime ago where bony union had been secured after four months of non-union. In all cases of fracture of the neck of the femur, an earnest attempt to get bony union should be made. In recent cases even in old people with proper splints we would succeed many times. In old people where there had been fracture without real inmobilization for many months the case was not hopeless under proper treatment.

Dr. Weigel exhibited a radiograph of an unusual deformity of the tibula and fibula, following a probable fracture during infanccy. The mother had noticed a slight angle middle ⅓ of tibula when child was three months old. This had increased. The original fracture may have occurred in utero.

Dr. Weigel also presented a series of radiographs showing congenital absence of bones in the same family. In the five extremities shown, some bone of the hand or arm was absent. In one case, there was a rudimentary humerus, an imperfect thumb and three fingers. The mother had no thumb and gave a history of having borne twelve children, four of whom were deformed. The mother attributed her own deficiency to maternal impression, stating that her mother while pregnant was shocked by seeing a man at her house without a thumb.

Dr. Weigel exhibted another radiograph of a case of extensive osteomyelitis involving the whole of the tibia on one side. The patient had been treated for articular rheumatism. He thought it possible in most cases to make the differential diagnosis between marked suppuration and thickening or eburation. When there is a pus formation he stated that in a radiograph it is difficult to get a clear definition of bony structure an account of the osteoporotic condition usually present.

Dr. Weigel also exhibited a radiograph of a tubercular focus in a child's foot together with another radiograph taken two months later showing the repairative process well under way. This patient was treated by fixation and rest, any radical surgical interference being contraindicated.

Dr. Townsend asked for a differential diagaosis between sarcoma of bone and osteomyelitis.

Dr. Weigel said that such a differential X-ray diagnosis might be difficult to make without an opportunity of comparing a series of cases.

Dr. Elliot showed a skiagraph of of congenital dislocation of the hip which was taken after only fifteen seconds of exposure. The shortness of time exposure was important. With restless children long exposure was often impossible without an anaesthetic.

Suprarenal Capsule in Organic Heart Disease.

To the Editor:—I intend to publish second paper on the use of the suprarenal capsule in organic heart disease.* Will you kindly ask the readers of your journal to send me the reports of their cases, as follows :

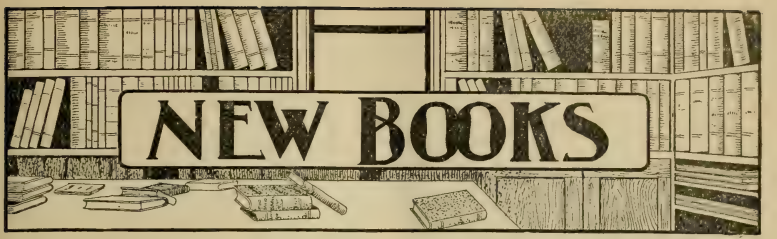
1. The condition of the heart, pulse and pulse rate.

11. The effect on the heart and pulse and pulse rate within ten minutes after the suprarenal powder, three grains, is chewed and swallowed without water, by the patient.

Yours truly,

Samuel Floershiem, M. D.
218 E. 46th St., New York City.

*For first paper see N. Y. Medical Journal, October 6th, 1900, pp. 581-585,



Therapeutics, Its Principles and Practice.—By Horatio C. Wood, M. D., L. L. D., Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania. Eleventh edition, remodelled and in greater part rewritten. Octavo, cloth, 850 pages. J. B. Lippincott Co., Philadelphia, 1900.

For twenty-five years Wood's Materia Medica and Therapeutics has been held in greatest esteem by the medical profession of this country, and has been authorized as a text-book in hearly all of the medical schools of this country. During this time the work has undergone nine revisions by Dr. Wood at whose hands it was kept well up with the rapid advance in this branch of medicine. The last few years, however, have seen such a voluminous growth in the materia medica and Dr. Wood's time has been so fully occupied in public and private clinical duties that he has found it necessary to enlist the assistance of Dr. Horatio C. Wood, Jr., in the preparation of this tenth revision. They have taken the occasion to make almost a complete new work, saving space by omitting certain discussions which were necessary in former editions, but have lost value at this time because of the uniformity of professional opinion that has been reached in regard to the their conclusions. Articles on the important new drugs are added. Drugs are classified as nervines, cardiants, nutriants, and local remedies, the last being "those which affect one organ or apparatus more or less isolated from the remainder of the body." These are all systemic remedies. Extraneous remedies include antacids, anthelmintics, digestants, absorbents and disinfectants.

We regard the present volume as a decided improvement over former editions and bespeak for it as cordial a reception at the hands of the profession and schools as has been accorded its predecessors.

A Manual of Otology.—By Gorham Bacon, A. B., M. D., Professor of Otology in Cornell University Medical College, New York. Second edition, revised and enlarged. Cloth, 422 pages. Lea Brothers & Co. Philadelphia.

Such a work as this presents striking evidence of the growth of this specialty. Whereas a few years ago ten or a dozen pages in a text-book on general surgery constituted the student's source of information on diseases of the ear, we find here it requires a volume of more than four hundred pages to make a "manual of otology." While only a manual it will furnish the general practitioner with all the knowledge he will likely put into practice.

A very interesting introductory chapter is furnished from the pen of Dr. C. J. Blace, Professor of Otology in Harvard University. In treating diseases of the ear, the nose and throat must necessarily be considered to some extent. This has been done by the author, and while in all matters he has been as concise as possible he has given the profession a very useful volume.

Medical and Surgical Nursing,—A treatise on Modern Nursing from the Physician's and Surgeon's standpoint, for the guidance of Graduates and Student Nurses, together with practical instruction in the art of cooking for the sick. Edited by H. J. O'Brien, M. D., Professor of Clinical Surgery, Ham-

line University, St. Paul, Minn. Octavo, cloth, pp. 288. G. P. Putnam's Sons, New York. 1900

This is a useful volume for the guidance of nurses. It does not profess to teach them all they should know of the art of nursing, nor does it give the nurse any reason to imagine that she is to be the doctor. There are presented chapters on general nursing, bacteria, asepsis and antisepsis, anaesthesia, shock, deformities, acute infectious diseases, fractures, diseases of women, obstetrics, infant and child, nervous and mental diseases, poisons, eye and ear, and cooking for the sick. These are written by different authors and revised by the editor only so far as necessary to the make the articles conform to the general plan of the book. Nurses will find in these what the doctor would like her to do.

The February Scribner contains the fourth paper of Henry P. Norman's "Russia of To-day." This paper is an extremely interesting description of the Trans-Caspian railroad and is illustrated by photographes by the author.

"Punishment and Revenge in China" is an able arraignment of "The Powers" on account of the excesses commited by their troops.

"Modern Athens," second paper by George Horton, illustrated, gives an interesting account of the people of this historic city.

Fiction is represented by "The Angel at the Grave," by Edith Wharton; "The Place of the Unknown God," by Arther Colton; "A Jubilee Present," illustrated, by E. W. Horming.

Stories in *The Youth's Companion.* In the 52 issues of the year *The Youth's Companion* publishes more than 200 stories, yet so carefully are they selected that they prove inexhaustible in variety, unfailing in the power to delight. Among the groups of stories appearing or about to appear in the present volume of the paper is one of "Old Settlers' Day Tales"—stories actually told at some of the gatherings of pioneers in the West. Then there are four stirring "Tales of Our Inland Seas," picturing the adventures of the sailors on the Great Lakes, and four "True Tales from the Zoos," told by famous keepers and trainers of wild beasts. And this is only a beginning. We shall be glad to send illustrated announcement of the volume for 1901 with sample copies of the paper free to any address. *The Youth's Companion*, Boston, Mass.

Your periodical reading for 1901 carefully selected and arranged for you. Consider these three propositions: 1 .Over 1000 more periodicals than you now read. 2. Time enough to read all without inconvenience. 3. All this provided for less than you probably now spend. Over 100,000 intelligent men and women, including 17,000 lawyers, 12,000 bankers, 19,000 physicians, 20,000 clergymen, and others are regularly enjoying these advantages in *The Literary Digest*, all the periodicals in one. *The Literary Digest* is an illustrated magazine of 32 pages, issued weekly. It presents the cream of the world's periodical literature selected and translated, and given partly in summary, partly in direct quotation. Its contents represent the best from over 1,000 periodicals in all languages. The contents are classified each week under the departments of: Topics of the Day, Letters and Art, Science and Invention, Foreign Topics, The Religious World, Special Topics of Interest, etc., a continual diversity of important information. Commended in the highest terms by Senator Wm. P. Frye, the poet Edwin Markham, Bishop Huntington, Hon. John P. Altgeld, Josiah Strong, D. D., Hon. Joseph C. Hendrix, and many other eminent men. $3.00 per year, 10 cents per copy. Funk & Wagnalls Co., Publishers, New York.

Medical News and Items.

The Plague has broken out in Southern Russia and South Africa.

Small Pox is quite prevalent in many Northern and Western States.

Dr. J. R. Pope has removed from his Old North State home in Scotland Neck and cast his lot in Corry, Pa.

In Constantinople a man died of the plague and his body was thrown on a rubbish heap and devoured by dogs.

Dr. Stuart McGuire was elected President of the Richmond Academy of Medicine and Surgery at its recent annual meeting.

The University of Pennsylvania has recently been the recipient of $4,000, for the purpose of equipping a physical laboratory.

Dr. J. E, Patrick, who recently resigned as resident physician at a hospital in Richmond, Va., has located at Snow Hill, N. C.

Dr. N. S. Siewers, of Salem, N. C., died on January 12th. The doctor had been in feeble health for several years. Prior to his sickness he enjoyed a very extensive practice.

An Epidemic of rabies prevails at Rochester. Reports of mad dogs average one a day, and there are so many carcasses at the health department that they cannot all be autopsied.

Dr. I. W. Faison was elected President of the Charlotte Medical Society for the year 1901, at the January meeting of that body. Dr. C. H. C. Mills was elected Secretary of the same body.

Think on it! It is a significant fact that the average locomotive engineer in North Carolina makes more money annually than the average lawyer, doctor, preacher or teacher.—Chas. J. McIver.

Dr. J. P. Turner, of Greensboro, was married on January 16th, to Miss Eva, eldest daughter of J. Van Lindley, the famous nurseryman. The doctor and his bride took quite an extensive Southern tour.

The Pittman prize in North Carolina and the Samuel D. Gross prize in Pennsylvania are carefully guarded. Both have been withheld owing to the lack of merit in the contesting essays. The latter prize will again be offered in October, 1901.

At a conference of the Chicago postoffice authorities it has been decided to hereafter employ no boy who smokes cigarettes or who is known to once have been addicted to the habit. Thus one by one every door of opportunity is closing against boys and young men who are addicted to this obnoxious habit.

In Indiana a bill is before the legislature which provides that parents shall employ only registered physicians to attend children under sixteen years of age. The penalty is said to be quite severe. This law is designed to protect children from the faith curists and other medical humbugs. —*Maryland Medical Journal.*

A Sanitarium for the care of working women and children suffering with tuberculosis is to be established by a committee of ladies in the Adirondack region. One hundred patients are to be provided for. The establishment is to be known as the Stony Wolde Sanitarium.—*Maryland Medical Journal.*

Dr. W. W. Lane, of Wilmington, N.C., Superintendent of the City H pital, died recently, after an illness of more than a month with a compli-

cation of diseases. He was a native of New Hanover county and was about 69 years old.

Dr. Lane graduated from the State University at an early age and later pursued his medical studies in New York and Paris. With the exception of two or three years he had been at the head of the hospital here since its foundation, which was evolved from a private institution which he conducted for several years previously. He was uncle of Captain H. B. Lane, of Newbern and Dr. Edward Gollot, who lives in the western portion of the State.

Queen Victoria's Medical Attendants in Her Last Illness.—Sir James Reid had been the resident physician of Queen Victoria for more than twenty years. He is a Scotchman, from the neighborhood of Aberdeen, fifty years of age, and comes of a medical family. He was selected it is said, for the position he held so long by the late Sir William Jenner, who was, until his death, physician extraordinary to the Queen. Sir Richard Douglas Powell had been physician extraordinary to the Queen since 1887. He is as is well known, one of the greatest living authorities on diseases of the respiratory organs, and it is ahe author of several text-books. He was made a baronet in 1897.—*Medical Record.*

Medico-Chirurgical College and Hospital.—The board of trustees of the Medico-Chirurgical Cellege and Hospital of Philadelphia has been reorganized by the election of the following members: *President*, former Justice Paxson; former Justice Sterrett, Judge Beitler, Hon. J. A. Logan, Pemberton S. Hutchinson, Joseph L. Craven, Henry D. Paxton, David Milne, W. Howard Pancoast, Theodore P. Voorhees, George A. Huhn, John A Grady, William King, D. T. Pratt. The memb ship of the old board was as follows: Drs. John V. Shoemaker, James M. Anders, Ernest Laplace, W. Easterly Ashton, L. Webster Fox, William E. Hughes, William L. Rodman, Isaac Ott, Henry Fisher, W. F. Haehnlen, George M. Boyd and W. C, Hollopeter, Samuel Disston and William King.

Getting an Extra Ration.—Medical Officer (going his rounds)—Well, Murphy, how are you this morning?

Private M.—Much better, sir.

M. O.—Is your appetite good?

Private M.—Yes, sir.

M. O.—Are you getting enough to eat?

Private M.—No, sir.

M. O.—Would you like an addition to your present diet?

Private M.—Another pound of bread sir.

M. O.—That I cannot give you, as the regulations do not admit of a soldier receiving a double ration of bread in one day.

Private M. (after some hesitation)—Could you not let me have the extra pound and mark it down as bread poultice?

He got it.

Type-written Prescriptions.—The suggestions of London Truth that all prescriptions be type-written in order to guard against mistakes on part of the druggist, brings out a little anecdote told on a certain Fort Worth physician, whose chirography was, to say in the least, not what it should have been. He had for a patient the wife of a wood-dealer, and needing a cord of wood, wrote a note to the husband to send it out to his house. The man couldn't read the note, but supposing it was a dog-latin prescription, not to be read except by the initiated, took it around to his druggist, who likewise took it for a prescription and filled it. Just who the joke was on is hard to say, but since the woman got the worst of it, it was probably on her.—*Texas Courier Record of Med.*

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In the New York Medical Journal, Dec. 15, 1900, Dr. Louis J. Hirschman reports 30 cases, mostly abdominal operations, in which CHLORETONE was used prior to anesthesia. Not one was nauseated during anesthesia. But three experienced nausea afterward and only one vomited.

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Editorial.

BACTERIOLOGY OF LA GRIPPE.

The widespread occurrence of la grippe in epidemic form has again forced this much discussed subject upon the attention of medical men and medical publishers. So prevalent has the disease been during the last few months, and especially in the large cities of the North, that the present epidemic bids fair to rival the famous outbreak of the early nineties. The hospitals in New York have been reported as crowded to their utmost capacity, and at one time it was estimated that Philadelphia had 70,000 cases of influenza. The Albany Medical Annuals (February 1901) contains a very interesting review of the bacteriology and pathology of influenza. Considerable difficulty has been experienced in isolating the peculiar organism causing the disease, due to the fact that the bacillus is resistant to the ordinary methods of staining, and does not grow readily upon ordinary culture mediums. From this cause the earlier efforts to discover the specific bacillus were unsuccessful. To Pfeiffer belongs the credit of first establishing a causal relationship between the bacillus and the disease, an account of which may be found in his work on the subject published in 1892. The specific organism of la grippe which was first isolated from the sputum, is described as one of the smallest of the known pathogeus, and appears as a small slender bacillus from two to three times as long as it is broad, and showing certain staining peculiarities—it is non-motile and does not form spores. One feels comforted also by the assurance that it cannot live outside of the human body for any great length of time. Pfeiffer

claims that the organism dies in from thirty-six to forty hours in dried sputum, and that it does not multiply in water; from this he concludes that the disease spreads to a very slight extent, if at all, from sputum dust, and that practically speaking it is disseminated almost entirely by contact with infected persons. It has been suggested that the actual method of infection is by the inhalation of minute particles of nasal and bronchial secretions which are diffused in the atmosphere surrounding an influenza patient by coughing. Flugge has shown that such particles may remain suspended in the air for hours. This view of the manner in which the affection may be contracted is in some measure borne out by clinical experience; instances are not infrequent where whole families, or the inmates of a certain house, are successively attacked by influenza in a way that is strongly suggestive of a contagious affection.

ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF THE CONFEDERATE ARMY AND NAVY.

We cheerfully give space to the circular letter issued by the committee of arrangements in reference to the proposed meeting in Memphis. As the years go by the ranks of those who figured in the great war of more than a generation ago are sadly thinning and will become of course, in due time, but a memory. We are glad therefore to note that membership in the Association is open to the sons of Confederate Veterans who may thus perpetuate the memory of their sires who were members of the medical department of the army and navy of the Confederacy.

MEMPHIS, TENN., March 1st, 1901.

DEAR DOCTOR:—The Association of Medical Officers of the Army and Navy of the Confederacy will convene in Memphis, Tenn., May 28-30, 1901, during the meeting of the Confederate Reunion. All Surgeons, Assistant Surgeons, Acting Assistant Surgeons, or Contract Physicians and Hospital Stewards, in the Army and Navy, and all regular physicians who are sons of Confederate Veterans, are eligible to membership.

You are cordially invited to attend said meeting and contribute reports of important cases coming under your observation, and any reminiscenses worthy of preservation connected with your service in the Army or Navy of the Confederacy.

If you desire to become a member of the Association, and expect to attend the meeting next May, please fill out the enclosed blank and return the same to the Secretary at once, in order that your name may appear on the roll.

Respectfully,
A. L. ELCAN, M. D.,
Secretary,
Southern Express Building,
Memphis, Tenn.

G. B. MALONE, M. D.,
Chairman,
281 Main St., Memphis, Tenn.

THE PHYSICIAN AS A BUSINESS MAN.

No other professional gentleman is compelled to assume as many responsibilities as the physician. Entrusted as he is with the lives of his patrons, he must at all times be prepared for any emergency that may arise. Others may be appalled or terror-stricken at some horrible accident, yet the physician must know no fear, be brave, yet tender, and equal to the occasion. The theologian, the lawyer, the statesman has time to prepare his work—the physician must always be ready.

The physician bears a double relation with every patient—the humanitarian combined with that of the scientist and that of the business

man. I have often thought, considering the vast responsilities heaped upon him, that the latter sphere, that of business man, is neglected to too great an extent. Physicians, as a rule, are poor business men, and it is often their own fault that they are not better off financially than they are. The irregular hours of sleep, and irregular meals, both of which tend to make the average life of the physician shorter than that of any other professional man, are certainly deserving of better remuneration than the mere promise to pay. Their services are held too lightly; many people estimating the value of a physician by the fee he charges. Each practitioner must be his own judge as to the value of the service rendered; if he underestimates them, he is alone to blame. The healing of the sick is your stock in trade, and you are doing yourself an injustice by ignoring the business portion of your profession. A physician who renders his patient the very best service at his command should never hesitate to demand that which justly belongs to him. Ignoring this simple business principle is the chief cause of the many failures in the practice of medicine.

The question naturally arises, how is this to be remedied and corrected? In the first place, make your charges commensurate with the service rendered; secondly keep accurate accounts; thirdly, collect them systematically. There are many labor saving ledgers on the market which make the keeping of accounts easy and up-to-date. Whether your business justifies the employment of a bookkeeper or not, keep all accounts posted, so that they may be settled at a moment's notice. Render statements regularly; every three months, or what is preferable, every month. This will not only remind your patients that they are indebted to you, but shows them that you are a thorough business man as well as a good physician. In every mercantile business, statements are rendered monthly, so why should not a physician do likewise? No sensible person would take offence at it, and those who do and raise a cry about being "dunned" are undesirable patrons, and the sooner you weed them from your practice the better for you. The old fable of the husbandman who warmed the frozen serpent into life, only to be bitten by the venomous thing, often finds a counterpart in real life. This class of patients may call you "a good fellow" till you have cured them; when you attempt to collect, then——. Let your patrons know that payment is expected, that it is one of your business methods to demand it when due, and you will not be left in the lurch, even though your easy-going, generous-hearted competitor across the way is. The bright, capable, business-man physician, is the successful physician, and he will get the patronage and practice. His professional success, however, depends on his knowledge of medicine and the results he derives therefrom, for the public will stay with the one who gives the best satisfaction. His success from a financial standpoint depends upon his ability to collect that which is rightfully due him.—*Editorial Southern California Practitioner.*

ON THE SELECTION OF A MEDICAL JOURNAL.

There is much truth in the claim that it is more difficult to get subscriptions for medical journals now than it was some years ago, and the reason assigned is that the physicians' offices are so often visited by sample copies of various medical journals that the supply is adequate to meet the doctor's needs and time for this kind of reading. So it is—if it is immaterial to him whether he gets good, bad, or indifferent literature. The more limited a practitioner's time, the more essential is it that his

reading should be wisely selected. A lot of sample copies of even the best periodicals, secured at irregular intervals, are not as valuable as a single good publication at stated periods.

Each journal has its special characteristics, being largely the reflection of the editorial mind. It is a more or less consistent whole. Its various parts hang together and support one another. A journal of merit has a policy, a character, an individuality. To the editor, the various good medical journals of the country are distinct individualities, just as are their editors. One is the reflection of the other.

It is this peculiar individuality that the practioner should secure. He should select the one or more journals which, in the aggregate, if there are several, meet the needs of his mind and method. The point of view of the journal one reads should harmonize with one's own, or be complementary to it. The doctor's medical journal is to him, in his work, what his wife should be to him in his life. They soothe, please and mould him to his own good and the benefit of those who meet him. The doctor who is content with sample copies is like the bachelor wafted hither and thither, at intervals of greater or lesser length by each successive breath of feminine fancy. He is nowhere, is nothing; a jelly back, a do nothing; a something, yet a nobody.

To the doctor who would deserve his fee, the regular visitation of a first-class medical journal is very necessary. To the man (or woman) sensible enough to realize this, we have this to suggest: Send for sample copies of some of what you think are the best medical journals. If you reside near a medical library, spend half a day or several half days, there, looking them over. Then subscribe for what you like and believe will be of most service to you. Recollect that you are to get both what you like and need. Later experience may cause you to make changes. But get journals that are reliable. Be sure that they are carefully edited. An editor who will be slovenly in the typography of his journal is apt to be the same in making his selections from the original articles submitted to him, and in copying and abstracting from other publications.

Do not forget that the character or temperament of the journal you read regularly will mould you. Therefore be careful to select only such as will develop you upwards and straight, rather than downward and in an irregular direction. It is your teacher, your mentor, and requires the same care in selection that most men try to exercise in deciding upon the college they shall attend, or the occupation to which they shall devote themselves.

Another point, and we are done, though much more remains to be said. Be sure that your medical journal, or at least one of them, *deals with the common things and the little ones.* Of these does the major part of practice consist. Major operations, very rare cases, elaborate scientific studies, historical resumes, and the many other effusions useful in their way and to whom they more especially concern, are of no use to the average general practitioner, and never can be. Such of these things as are worth it can be condensed by editorial sifting, the gist only being given the general practitioner, with its source added, so that he can look up the original if he so desires. But the original articles, as well as editorials, of the general practitioner's medical journal, should be terse, to the point, and relate to the work he does right along. That helps him, helps his patient, and that is what he is working and being paid for. Every number of such a journal should be worth to him the cost of a year's subscription. If it fails to meet this test, he has either made a poor selection or he does not profit by what he reads and neglects to apply its teaching.

Select a journal by this method, make use of its teachings, and both you and your patients will be gainers. —*Editorial Medical Council.*

WORTH READING.

In an editorial in a recent number of *Medical Fortnightly* we find the following, which we commend to your consideration:

"It may reasonably be presumed that the average man of to-day is at least equal in natural abilities to the men two score years ago. If, then, he has so much better training than they could get, we ought to expect better work of him. Are we getting it? We will not deny that there are some brilliant men in these days, young men, too. In the cities they appear in the hospital staffs, in the medical clubs and societies, in efforts for public health and to some extent in the medical press. In the country we find them in the country societies, looking after the health of their towns, doing a constantly increasing consultant practice, and occasionally trusting themselves to write.

"But how many average men think it worth while to try and keep up with the best of current medical literature, so easily obtained from our medical libraries and in our best journals? How many such men are willing to volunteer to read a paper before their medical society? Or to which of them does it seem worth while to report in a medical journal one of their unusual cases? Such papers and reports are always listened to and read eagerly. They are not the results of the demand of a secretary that he 'write something.'

"Let the young practitioner make the most of his opportunities in this matter. He leaves the medical school or the hospital accustomed to report cases and familiar with all the latest teachings. Of course he will keep records of his cases, and of course he will study them carefully. He is not crowded with other work. Soon will come a case or a series of cases presenting certain unique features. These are just what medical societies like to hear well reported, and they are also just what we like to publish. As the years go by, he will write better, and grow larger. But it all depends on the start."

"The English victims of arsenic poison in beer," says *Popular Science*, "now number more than sixty dead and more than one thousand ill. The area affected is confined within a hundred-mile radius from Manchester, but the panic among beer-drinkers has spread almost throughout the whole country. It has been completely established that the cause of the poisioning is arsenic in the sulphuric acid used in manufacture of glucose which the English brewers employ in place of malt and hops in making cheap beer. The poison has thus far been traced to only one establishment, which supplied glucose sugar to several breweries in the Midlands and the north . . . An analysis shows that some beers sold in saloons contain arsenic sufficient easily to kill any persistent drinker, as much as one sixth of a grain being found in a pint. The fact that arsenic is a cumulative poison makes it more dangerous."

A Doctor once presented himself at the Golden Gates for admission, and after passing a fair examination as to his conduct, Saint Peter agreed to permanently admit him if he could pick out Adam and Eve from the assembled angels. The doctor looked around and soon found his progenitors. But Peter was puzzled and asked the doctor how in the name of the golden harps had he manged to recognize the first couple. "Oh !" said the doctor, "that is quite easy; they are the only ones without an umbilicus."—*Indian Lancet.*

The Carolina Medical Journal.

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Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

Original Communications.

Moot Questions in Abdominal Surgery.

By H. A. ROYSTER, A. B., M. D., Raleigh, N. C.

No matter how rapid the progress of surgery or how brilliant its achievements, there will always remain problems to be solved. So many uncertain agencies are involved in the surgical art that its results can never be foretold with exactness or estimated with accuracy. The local and general resisting power of the patient, the skill of the surgeon and the technique of the operation are the circumstances chiefly concerned. In former times operative technique had to do rather with the manual dexterity of the surgeon himself. Now it may be defined as the sum of events connected with the attempt to secure and to preserve perfect asepsis, beginning with the preparation of the patient a few days before the operation and ending with the closure of the wound or the final dressing. It includes the sterilization of all instruments, dressings, skin and hands previous to the operation and constant watchfulness to keep them sterile during its progress. Personal dexterity counts for less than it did in times gone by. As the technique is, so are the results; and a surgeon of even moderate ability may succeed eminently, if only his technique is careful. How much greater the success if to this is added a resourceful skill, the gift of a surgeon born and not made! Yet if he should neglect a well-defined and well-executed technique, founded on his own experience and that of others, the modern surgeon, however great his ability, would fail to obtain the results that should be his.

The personal equation shows itself at this day in the choice of technique as it did formerly in operative skill. No two operators use precisely the same methods. There are, for illustration, as many different plans for disinfecting the hands of the surgeon as there are surgeons, and the various uses to which the several suture materials are put testify that "there are many men of many minds" in the surgical world. And, yet, these men

are working to the same end, trying to solve the same problems, endeavoring to remove the uncertainties and to perfect the possibilities of operative technique.

If these assertions are true of surgery in general, so much more do they apply to the special region of the abdomen. Abdominal surgery possesses all the uncertain features connected with surgery elsewhere and others, which are due to peculiarities of location and structure. It involves the opening of the largest serous cavity in the body and continued manipulations within its walls. Several important considerations present themselves. There is need of over-careful (1) *asepsis*, for a slight slip may mean disastrous consequences, not merely delayed convalescence, but loss of life. A proper (2) toilet of the *peritoneal sac* is an essential requirement. The (3) *wound is to be closed* in a way which will afford a strong support and protection to the contents of the abdomen and be of the least subsequent annoyance to the patient. The (4) *after-treatment* must be directed toward guarding against any possible error in technique, granting the patient a comfortable convalescence and prompt restoration to health.

The object of this paper is to consider in detail the four requirements outlined above. They represent, it is thought, the leading problems in which abdominal surgeons are interested and about which there are the greatest differences of opinion. The writer hopes to introduce the subject in such a manner as to invite discussion at the hands of those who are concerned with the development of abdominal surgery. The views and practices of others working in the same field must always be of value to those who are seeking to learn the best methods. For the purpose of obtaining an approximate concensus of opinion, the following questions were asked of five prominent operators in each of our three largest cities—New York, Chicago, and Philadelphia: 1. Do you employ rubber gloves in operating and would you recommend their routine use? 2. Do you irrigate the peritoneal cavity in every case of abdominal section? 3. What is your method of closing the abdominal incision? 4. Give outline of your after-treatment following celiotomy, especially with reference to securing movement of the bowels. The personal replies to these questions are added to some remarks by the writer on each topic.

1. The Use of Rubber Gloves.—It is not deemed necessary to go over the numerous methods in vogue for sterilizing the hands. Of several different methods, one is as good as another, provided the surgeon's "aseptic conscience" be ever above reproach. As a matter of fact, too well known to need more than a reference, the hands of the operator and the skin of the patient cannot be rendered sterile by any present plan of disinfection. The staphylococcus epidermidis albus, innocent enough when quiescent, but mischievous if aroused, eludes and resists all measures intended for its destruction. The wearing of gloves, then, is taken as the extreme effort to prevent infection from the hands, inasmuch as the gloves can be perfectly sterilized and thus all danger from that source be removed. Rubber gloves alone are considered here, other materials having been largely discarded. It has been about five or six years since rubber gloves were first employed in clean surgical cases. They were introduced as a solution of the problem of hand disinfection and this is the one need for them in aseptic wounds. Many surgeons found, however, that when gloves were employed their results seemed no better than before, the few infections in large numbers of cases being traceable to other sources

than the hands. The question then came, are gloves necessary to secure the best results? Does the advantage of the ideally sterile hands compensate for the disadvantages—and they are many—of encasing them in rubber material? Let us see what these disadvantages are. It is obvious that the wearing of gloves dulls the sense of touch. In the case of very thin ones, usually worn by operators who employ gloves, this is less and less marked the more they are worn; and by constant use the fingers may become sensitive to outside impressions, but never with the delicacy of the bare skin. The gloves worn by assistants are frequently thick and heavy. Even when gloves are used it is necessary to have the hands aseptic, for it may happen that the gloves are punctured with a needle or torn while in the act of tieing a ligature and it is so often that the gloves must be removed in order to bring the tactile sense more acutely to bear. An eminent gynecologist wear gloves during a celiotomy and then takes them off before closing the wound for the purpose of examining the whole contents of the abdominal cavity in a satisfactory manner. It would seem that he defeats his own object and puts at naught the supposed value of his hand covering.

The thought must suggest itself, further, that ideal technique cannot be attained by the exclusion of danger from the hands when it is remembered that the paitient's skin, from which arise far more infections than from the hands of the surgeon, constantly presents the same condition of affairs. But while there are objections to the use of gloves, it is recognized that there exist indications for them under certain circumstances. They may be employed in operating on pus cases and infected wounds, or in making examinations of the rectum or vagina, as a protection to the surgeon himself and to subsequent patients. In the presence of positive danger of transmitting infection, the advantages outweigh the disadvantages. It can be safely asserted that the majority of American surgeons do not employ gloves at all. Some use them under the conditions just named; while only a few wear them as a routine. From 13 replies received only three of those addressed are found to use gloves habitually. J. B. Deaver unqualifiedly answers in the affirmative; Clark, of Philadelphia, withdraws them when breaking up adhesions deep down in the pelvis and then again puts them on; McBurney says: "I should be as likely not to sterilize my instrments as to omit the protection for the patient against sepsis which the use of these gloves insures." Most of the others wear them in foul cases and usually require their assistants to do so in all operations: Boldt, Byford, E. C. Dudley, Keen, F. H. Martin, E. E. Montgomery and Senn. Three operators do not wear gloves or advise their routine use. Robt. T. Morris: "I cannot imagine a young operator becoming very expert if he uses gloves. I believe that more bacteria drop into the long exposed wound of the glove operator than are carried in by well prepared bare hands." John B. Murphy: "I believe that if a man cannot keep his hands clean, he cannot keep gloves clean." Joseph Price: " I have never had a pair on, I do not recommend them." In Europe, where experiments were first made with different materials for covering the hands in operating, gloves are employed less than formerly. The Berlin surgeons rarely use them and Tuffier is said to be the only glove operator in Paris.

2. Irrigation of the Peritoneal Cavity.—To irrigate or not to irrigate has almost superseded the question of drainage as a subject of discussion and doubt. The extremes of opinion are represented by a nearly

equal division of operators—those who irrigate the peritoneal cavity in every case of abdominal section, and those who do not irrigate at all. Between these there is perhaps a larger number who employ irrigation only to wash out foreign material from the abdomen. What would be an indication for irrigation to one surgeon is not considered so by another. In general, we may say that the most imperative need for it is to cleanse the cavity of pus, blood or tissue debris. This would seem to be a rational proceeding, getting rid of offending substances which are either infectious or likely to be; yet there are many surgeons who take an opposite view. They believe that the irrigating fluid distributes the infecting material over the whole surface, thereby causing more danger than if it were localized and, in the case of pus, drained out, or, in that of other foreign substances, wiped away by dry sponging. There is reason on the side of both methods. Were it possible to remove every particle of foreign matter from a certain area by means of dry gauze, this would surely be the plan to be followed in every instance. On the other hand, irrigation may serve a more useful purpose by displacing the greater part of the debris and diluting the remainder to such an extent that its virulence is distinctly lessened and, possibly, entirely overcome. The truth is, there is no means of judging correctly the merits of these opposed methods. Results cannot decide the question, for operators habitually using one or the other of the plans are able to exhibit a long series of equally gratifying successes with excellent arguments for the faith that is in them. Irrigation has in its favor that it may bring about further desirable effects besides cleaning the peritoneal cavity. The fluid used is generally the normal salt solution and, if a portion of this is left in the abdomen, as is frequently done, it may be relied upon to lessen thirst after the operation, cause increased action of the kidneys, combat shock and prevent post-operative adhesions. These conditions alone might furnish sufficient grounds for irrigating in every case. However, the fancy of the operator holds mighty sway here as it does in other branches of surgical technique. In answer to the question, Do you irrigate the peritoneal cavity in every case of abdominal section? the following replies are noted: Clark irrigates in every case and leaves one-half to one liter of salt solution in at least 90 per cent. of abdominal sections. Keen does so "not in every case but in the majority." McBurney, Price, Morris, Senn, Dudley and Montgomery generally prefer a dry technique, irrigating only when special indications exist. Martin and Boldt seldom irrigate; Byford hardly ever and Deaver answers the question in the negative. Murphy says: "I never irrigate the peritoneal cavity. By that I mean I have not used water in the peritoneal cavity for any purpose whatever except eight times since 1889. These were cases of peritoneal infection from rupture of the stomach or bowel and the water was used for washing out the bowel—or stomach—contents that had escaped into the peritoneal cavity. In place of irrigation I cleanse the peritoneal cavity with dry sponges and then use numerous strands of iodoform gauze drainage and also use glass tube drainage. No matter how much pus there is present, it is sponged out with dry sponges."

3. The Closure of the Abdominal Wound.—Accurate apposition of the cut edges of the abdominal incision is essential to the proper healing of the wound. Since the abdominal wall is composed of several layers differing in structure, it is desirable that these be perfectly coapted that the tissues may be left as

nearly as possible in their normal relations. The prevention of hernia is seen to depend much more upon primary union of these layers than upon the length of time in which the patient is confined to bed or upon any subsequent method of support. To secure this perfect union various methods have been devised by modern surgeons, some simple, others elaborate, according to the theories held or the results obtained. It is agreed by all that the most important factor in the prevention of hernia is the sheath of the recti muscles. Firm union of this structure will compensate for other weak points in the abdominal wall. Separate suture of the peritoneum, which is practiced by many, may be requisite for shutting off infection from the skin; but it is not instrumental in preventing hernia, for every protusion of the intestine is covered by the peritoneum as its sac. Separate suture of the muscles seems useless. They do not appear to unite more solidly by this method than when this their fascial protection is closed. The skin, of course, must be carefully apposed, in order to seal the wound and secure union by first intention. A number of operators still adhere to the en masse suture, passing through all the structures, as used by primitive abdominal surgeons, and claim satisfactory results. Probably a greater number supplement these sutures with cat gut on the fascia, while others unite each layer separately—peritoneum, fascia, fat and skin. Doubtless, there are few who use exactly the same method; and, yet, each believes his own plan is soundest in theory and most successful in practice. It may be interesting to note some of the replies to the personal communications· Price uses the "through and through suture, silkworm gut, long straight needle." Martin, generally, and Keen, occasionally, close the incision with through and through silkworm gut sutures, but sometimes employ cat gut in layers. The remainder of the list employ some method of tier suture, each one with different modifications. Clark and Byford use buried silkworm gut on the aponeurosis; Murphy, the figure-of-eight silkworm gut suture, which is allowed to remain from ten to fifteen days.

4. The After-treatment.—Although it is true that in the majority of cases the fate of the patient is decided when the abdomen is closed, yet the duty and responsibility of the surgeon do not end after the operation is completed. Indeed, the management of the patient a few days succeeding the operation requires intelligent judgment and discriminating c re, for, by these, convalescence is shortened and even death averted. Many a life has been lost by carelessness or neglect. It behooves the surgeon, therefore, to give a watchful eye to the after-treatment, seeking to improve and perfect his methods in this regard as he does in respect to the operative technique. That surgeon is most successful here who uses his knowledge of general medicine to the best advantage. The late Professor Ashhurst well expressed the idea when he said: "The importance, and even necessity of a thorough knowledge of practical anatomy, can, indeed, be scarcely overrated; yet it is more essential for the surgeon to be well versed in pathology and therapeutics (or in other words, to be an accomplished physician,) than it is for him to know the attachments of every muscle in the body, or all the possible variations of arterial distribution." It must not be forgotten, however, that experience teaches the abdominal surgeon many things which the medical practitioner never learns, so that the after-treatment of a celiotomy should be looked at through the eyes of the physician, but from a surgeon's point of view. Above all, the tendency to do too much

is to be controlled.

The methods followed become largely matters of routine and need not be varied except to meet unusual conditions. Without reciting any particular plans in detail, mention will be made of a few features that are still open to question. Absolute quiet and rest, the withholding of everything from the stomach for 24 hours, liquid diet for five days—these seem to commend themselves to most operators. By some the administration of hot water is begun immediately after the operation. The kind of liquid diet allowed the patient is a matter of some importance. Many surgeons will persist in giving sweet milk as the first food after an abdominal operation and in claiming that it is the most digestible of all aliments, in spite of the fact that it disagrees with nine out of every ten patients. The very necessity of having to continuually dilute it with lime water or prepare it in other ways is proof that its digestion is usually difficult and uncertain. In these cases, milk decomposes in the bowels, causing gas and producing constipation. Strictly speaking, it cannot be regarded as a liquid food. More rational would it seem to employ, for the first day or two at least, concentrated liquid nourishment in the forms which leave little or no residue and which are digested wholly or in part by the stomach juices—such articles as beef extracts, animal broths and albumenized drinks.

There is much dispute over the use of morphine after abdominal operations. The older operators invariably administered opiates, believing it best to relieve the pain at all hazards, and the general surgeon more than the gynecologist at the present day is prone to give them. Histories of the cases in which morphine had been given by former surgeons showed plainly its bad effects and there was a time when it was practically not given at all. It is now administered by some operators in almost every case; others give it occasionally in one-sixth, one-eighth, or one-tenth grain doses; many yet do not find use for it. The records will undoubtedly prove that, all other things being equal, those cases in which it is not used get along better. The administration of small doses would appear worse than useless, for they only tease and do not relieve the suffering; while, in quantity sufficient to quiet the pain, morphine does harm, chiefly by constipating the bowels and favoring the occurrence of tympanites.

This subject of bowel-movements after celiotomy deserves and has lately received special attention. In normal cases, unless direct indications should arise, the practice has been conservative. But recent writers, particularly Byford of Chicago, and Ramsay, of Baltimore, have urged the expediency of securing evacuation of the intestines at the earliest possible moment after the operation. There are evident reasons for this activity. In a word, it succeeds in heading off the complications so apt to occur and there are presumably no arguments against it. Whether the bowels are moved early or late, it is well to have a definite plan with regard to inducing their action. The agents to be relied on are calomel, the salines and some form of enema. These can be employed in the doses, at the times and under the conditions suitable for each case. The replies to inquiries on this question reveal some difference of opinion. Byford pays "less attention to bowel movements than to the voluntary expulsion of gas" and gives his method as follows: "1. High glycerin enema before patient is removed from table. 2. One drachm of magnesium sulphate every hour until flatus is expelled freely per rectum. 3. If flatus is not passed 12 hours after operation I give a glycer-

in enema every 2 hours (preferably high) until the flatus passes freely per rectum between enemas." Clark adheres to the principle of this method, but gives calomel in divided doses on the night of the operation, "followed the next morning by a simple soap suds enema." Martin apparently believes in the same theory, using calomel and the salines alternately and "glycerin enemas every 12 hours to keep the flatus going." Murphy covers the same ground, combining the methods of the last two with modifications. Senn moves the "bowels at the end of 24 hours." Robt. T. Morris: "Bowel movements obtained on second day by high rectal injection of hygroscopics for osmotic effect." Boldt and McBurney have the bowels moved on the second or third day, the latter usually avoiding calomel, believing that this "generally causes at least a few hours of discomfort when given soon after operation." Joseph Price: "No hurry about moving the bowels, if the patient has been well purged and prepared. If gas is annoying, soapy water or turpentine enema, rarely required." The remaining answers do not indicate any departure from common methods.

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*Pneumonia.

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I have selected pneumonia to discuss to-night.

It is a disease that always means a good deal, both to the doctor and the patient and especially the latter. When we read from such an eminent authority vs. Dr. Porter, of New York, that the death rate from pneumonia now is higher than it was twenty years ago, we find that there are several kinds of pneumonia recorded in the book: Acute lobar, broncho pneumonia, secondary or complicating heart, interstitial, tubercular and syphilitic. I shall confine myself to-night to acute lobar. Acute lobar pneumonia is an infectious inflammatory condition of the lungs due to a pathogenic bacteria, most frequently the pneumon, diplococci, of Fränkel less so Freidlander. This inflamation is both congestive and exudative in its nature. A great emigration of white corpuscles to the lungs and corresponding lessening of the red corpuscles. Large quantities of blood plasma exudates in the lungs during the first few days. The tissue proper of the lungs undergoes very little change. As this exudate increases, the lung becomes gradually filled till the stage of consolidation is complete, the stage of red hepatization. In a few days this red condition gives way and gray hepatization succeeds. Then in a very few days if the disease progresses favorably resolution sets in. The exudates begin to soften, the lymphatics arouse to the sense of their duties and very rapidly suck up and carry away the the exudates, and the tissues are left in most cases as well as before the attack.

The diagnosis of acute lobar pneumonia is not as a rule difficult. The patient is suddenly attacked with pains in chest or back, great prostration, sometimes vomiting, rapid pulse, labored breathing, dry suppressed painful cough at first, followed by profuse bloody sputa, restlessness—delirium, albumen in urine and high temperature, on auscultation, coarse subcrepetant and crepetant rals and increased vocal fremities. On percussion at first we find some little dullness which gradually increases to distinct dullness when the exudation is complete. The pulse is full and bounding in most of the cases due to the obstruction in the lung, temperature ranging from 101 to 104.

The Treatment.—Lobar pneu-

monia being a self limited disease we can do nothing up to the present to abort it or cut it short, still both can and do happen according to its own peculiar ways. If such a thing should happen, don't for a moment flatter yourselves that your manner of treatment did it. Stopping at the doorway of this disease with the above facts in our way and the pathology well understood, the question should come to us first, what shall we do? We must take hold of the case as a sailor does his ship, watch the needle and guide and ride. The sick room should be arranged in best condition for comforts, light and plenty of fresh air to a patient sick with pneumonia as the breathing machinery is sorely taxed. My ideas in the treatment above all others is the supportive. Plenty of good fresh water, easily assimilated nourishing liquid food. The skin should be kept clean and in an active condition. Taking the germ theory to be the proper one as to the specific cause bringing about the pathological conditions, we constantly find what can be the scientific safe treatment. To get rid of the germs would be the logical answer. Can we do this? I am free to confess so far as I know there is no way. Then the only thing we can do is,do as a good sailor does, watch conditions and meet them, not with the view of curing, but of helping nature till she cures. Bleeding, almost a lost art, to my mind would be the very best thing to do for a strong, plethoric full blooded man, with his lungs filled with too much blood and dying as if being drowned in his own blood and with a very high temperature. Not often do I admit this,still it comes to every man who sees much pneumonia. When it is needed it should be done at once. In acute pneumonia serum has been tried by some,with fairly favorable results and no one can tell just yet what is in store for the serum treatment. The toxaemic condition is the most serious condition to combat and if we can meet this, we will get through safely; serum of course is intended to do this; nothing so far has met our hopes. To-day then as heretofore we must base our hopes on the sustaining plan of treatment. The lung tissue is where the pathological anatomical changes during the disease are found. The changes come on and are taken up and carried away leaving little and most often no traces, still with all this the most important organ for us to keep our eye on is the main engine of the body, the heart.

The conditions brought about in the lungs cause this toxaemic condition in the system and this toxaemic condition produces the high temperature; this being a plausible conclusion as in other toxaemic conditions, as in typhoid fever, and the bath has proved to be the best combatant. Why will it not in this an almost similiar condition, be effectual in the same way. The experience in the last few years in the large hospitals has proven that it will, and to-day for control of the temperature and the tonic condition to the nervious system, the bath is doing a wonderful work. These baths are mostly used as sponge baths and with ice baths locally to the chest, which relieves the pain and controls the fever at the same time. Quinine has been used for all time and in our section where so many conditions can be present, and I think one or two doses, say one good dose a day in nearly every case will be of much benefit. Alcohol is used very generally, but should always be used with a sparing hand (for beyond this point more harm than good will come,) with the sole idea of sustaining an over-worked heart. The heart as I have already stated is the one important organ. Then what shall we do with it? Experience

time and time again has proven to us that strychnine—par excellence is the very best heart sustainer in time of imminent danger that we can use, and it is best to commence the use of it as early as we get the case so as to tone up the nervous and muscular system and heart so it will be ready at a moment's notice to be urged to greater and better work. The dose is from $\frac{1}{60}$ to $\frac{1}{10}$ of a grain. Heroic doses of this wonderful remedy is the only means of holding up the heart till the crisis is past. Camphor and musk both will assist very much just here as quick, positive and energetic stimulants. Digitalis is used by a goodly number of physicians in pneumonia. This is a grand remedy in its proper uses, but in pneumonia in most cases it is a very dangerous remedy and should be used exceedingly cautious. Of course, if you have an organic mitral lesion of the heart or ditilation added to a pneumonia, then I should say it was good practice to use. With the light before me I would use other drugs, say aconite or veratum viridi, both of these will do good juducially used; by slowing the heart's action and as it were bleed the heart of its own blood. Ammonia has been used for a long time with the view of liquifying the blood. I still use it, but whether it does any good or not, is rather doubtful. Oxygen has been used as long back as I can remember in medicine. It ought to be a good adjuvant to aërate the blood and thereby stimulate the heart's action. Still some of our best men say it does no special good.

Normal saline solutions have been used seemingly with good results in some cases, to partly supply as it were the parts of the blood that are exudated into the lung tissue. I am of the opinion that it is good practice. It may be used as an enema several times a day with 1 oz. of whiskey per rectum. When the solidification remains too long and resolution is tardy, I have found at this stage that a good blister plaster acts very promptly. Codeine phosphate or morphia compound, either by the mouth or hypodemically should be used to control the pains that almost always accompany pneumonia as well as the troublesome cough.

Notes on Heroin and Heroin Hydrochlor.

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For nearly three years have I been using heroin, and during the past year heroin hydrochlor in preference. It has been my experience to receive very satisfactory results from both; I have tried this derivative of morphine in many cases of asthma, hay fever, bronchitis, tuberculosis, la grippe, rheumatism, laryngitis, &c., chiefly pulmonary troubles and find that it gives freedom from pain and irritation, from the hacking coughs that prevent sleep, from the wheezing respiration that keeps a patient tumbling and tossing from side to side; it is the best sedative for coughs that I know of, it is analgesic also; those cases of acute and chronic tuberculosis with lung soreness and in tubercular laryngitis with intense pain in swallowing, it gives speedy relief; patients of this type frequently prefer to starve than to suffer pain and though heroin does not cure, yet we have the satisfaction of making the patient comfortable and allowing the end to come in peace.

Some of the most gratifying results that I have had with this drug have been in cases of whooping cough among children, as one is aware, whooping cough causes some uneasiness in most families, the frequent vomiting, the persistent whoop, the profuse and difficult expectoration with cyanosis, the epistaxis which

occurs more or less frequently, are all very materially lessened. When a patient has anywhere from fifteen to fifty paroxysms a day accompanied by vomiting, the effect of heroin can be appreciated when it stops the vomiting and lessens the number of spasms to five or six, it also stops the epistaxis by diminishing the length of the expiratory cough.

Heroin is a derivative of morphine (diacetic-acid-ester) and as such we would naturally be impelled to make comparisons. Its dose is from 1.24 to 1.6 of a grain, average adult dose gr. 1.12, about 1.3 of the average dose of morphine; it relieves pain, is well borne by the stomach, causing no nausea, no vomiting, no constipation, no subsequent depression ; it is hypnotic, and as far as I have been willing to push the drug have not noticed the profound sleep, the peculiar drowsiness, the loss of appetite, the headache which usually accompanies the use of morphine.

Heroin hydrochlor is soluble in water and is much more used in practice than heroin. Can be given hypodermically or can be dissolved in water at the home and given in smaller doses by the teasponful to adults or children, usually according to age.

Its influences on respiration is marked in cases of pneumonia, pleurisy and bronchial affections of all kinds. Respiration becomes slower and deeper ; in pneumonia and pleuritic cases it diminishes much in frequency owing to its analgesic properties. In cases of bronchitis, influenza, asthma, etc., the sedative effect on the mucous membrane, the increase of secretion and the antispasmodic power of the drug are most evident.

The average dose of heroin can be repeated every 3 or 4 hours, and without any ill effects, but it is best to be guided by the need of the patient, and so may be given only at night, or twice a day and in some cases every 4 hours. I begin with 1.24 every two hours until the desired effect is reached, then wait until the trouble shows signs of returning, which is usually in five or six hours at least, then I give gr. 1.12 as often as necessary.

The greatest number of cases in which I have used heroin has been among consumptives, and here I find its analgesic and hypnotic effects combined with the maintenance of digestion (there being no nausea, no vomiting and no disturbance of digestion generally) by the aid of general tonics to be of the greatest value, it is almost entirely prescribed in St. Agnes' hospital for all cases of this kind, and is much preferred to morphine and codeine in similar cases for obvious reasons.

The following is a report of a few of the many cases in which heroin has been found most useful.

Case 1.—J. G., aged 28 ; occupation cook on sailing vessel. Admitted to hospital suffering with muscular rheumatism in conjunction with asthma. The asthma was severe, enough to keep him awake all night, cough contained little secretion, was prolonged and spasmodic, necessitating his getting up in bed and causing him much pain from his rheumatism. Was given 1.24 grain of heroin hydrochlor three times a day and 1.12 grain at night. This was sufficient to control cough, relieve spasm and increase secretion in 24 hours. Appropriate treatment in the form of salicyates for his rheumatism was combined with the heroin with very favorable results.

Cases 2 and 3.—Two children, aged respectively, six years and nine months, suffering for three weeks with whooping cough, giving great alarm to the mother by the thick viscid mucus which was coughed up several times a day. The older boy had epistaxis in addition. I prepared a solution of heroin hydrochlor grs. ¼ in oz. 3, gave a teaspoonful to older

boy every two hours and half a teaspoonful to the baby. The dose in the case of the older was increased from grs. 1.96 to grs. 1 64 (grs. ¼ to oz. 2 mixture) before satisfactory results were obtained. The children proceeded to an uneventful recovery, the epistaxis stopped and the secretion was more easily gotten rid of and rapidly diminished.

Case 4.—Press reporter. Suffers from asthma in winter and hay fever in summer. Was called to attend him for asthma, found his breathing difficult, sub-mucous and subcrepitant rales all over his chest, audible a few feet from the patient. The heart was normal, there was some tendency to nausea and vomiting. Prescribed heroin grs. 1.12 every three hours. Next day his cough had stopped and the difficulty in breathing had subsided. He was sometime afterwards attacked by his hay fever accompanied by some asthmatic dyspnea. I again gave him the same prescription and with almost the same result, the hay fever disappeared in three days.

Case 5.—Mrs. X., chronic tuberculosis, age 27, continued pain and soreness in chest, harrassing cough—especially at night, and after rising in the morning, some temperature in the afternoon with chilly sensation. Not considering the cure of this patient, I simply wished to relieve the general soreness inside of chest. I gave her some tablets, grs. 1.24 heroin hydrochlor, to be taken three times a day, no improvement was shown, then ordered two tablets in addition at bed time, result was that sleep followed, no coughing till the morning. I then ordered an additional tablet to be taken at night, if she should awake preferably in the early morning. Found it worked satisfactorily, and have continued the use of the tablet.

Case 6. Miss B., advanced tuberculosis, cavities on both sides, general emaciation, intestinal involvement, case hopeless, but grs. 1.12 gave some relief, repeated every three hours, and was much better tolerated than any other that had been used previously.

Case 7.—Mr. S., aged 24, entered hospital last September weighing 110 lbs., hacking cough, with no rest at night. Left apex of lung involved some consolidation. Bacillus tuberculosis found in sputum, was prescribed plenty of fresh air, out of doors all the time except at meals and during sleeping hours. Tonics T. I. D. and heroin grs. 1.24 as often as necessary. Now weighs 136 lbs., looks in excellent condition and only an occasionally rale found in apex of lung. I consider this patient to have improved largely owing to unimpaired digestion, freedom from cough and the ability to sleep.

To summarize: The properties of heroin and heroin hydrochlor are sedative and analgesic, hypnotic and anti-spasmodic, much to be preferred to morphia, because it leaves no depression, is not followed by nausea, whether taken before or after meals. Heroin hydrochlor agrees very well indeed with all stomachs.

The Importance of Dilating the Pupil in Treating Inflammatory Diseases of the Eye.

By W. H. WAKEFIELD, M. D., Charlotte, N. C.

During the past year I was consulted by at least a dozen patients in whom inflammation of the iris, from various causes, had resulted in practical blindness in one or both eyes. From the histories of these cases, furnished by the attending physicians, or by the patients themselves, it is my opinion that in nearly every instance these eyes could have been saved if atropine sulph. had been used early, and pushed. In the majority of these cases, zinc sulph., 10 grs. to the oz. of water, or silver

nitrate, 2 to 5 grs. had been used as a lotion, while atropine, the sheet anchor in iritis, had been overlooked until too late. The accompanying diagrams will aid in making clear how atropine aids in such cases, and will also assist in fixing the idea in the mind that in young and middle aged persons suffering from severe eye pain with redness, atropine is *nearly always* indicated.

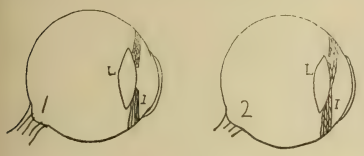
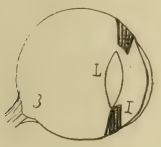


Fig. 1 shows the normal eye, with (1) iris resting on (L) lens. Fig. 2 shows the conditions present, during and after severe iritis. The iris is attached to the lens, and plastic material has spread over the surface of the lens in the pupilary space causing



blindness. In Fig. 3, an eye under atropine is shown with the pupil dilated and the *iris not touching the lens.* It is not my purpose to elaborate on diagnostic points by which the physician may exclude glaucoma, the only disease in which atropine will do harm, since every reader has this thoroughly threshed out in his text-books. My sole object is to call attention to the fact that scores of eyes in middle aged and young persons are being annually lost from lack of atropine. Glaucoma is a disease of old eyes, rarely being found in the young; iritis is oftener seen in the young and middle aged. The causes in the cases alluded to were rheumatic diathesis, venereal diseases and traumatism. Most doctors will on seeing an eye inflamed from traumatism, administer atropine, but many hesitate to use the drug in inflammatory conditions of the eye not due to traumatism. Of course a mydreatic is not indieated in every case of painful eyes; for the best handling of those cases experience and judgment are needed, but if the physician who sees but few eye cases should use atropine in every case of painful inflamed eyes, under 40 years of age, I think fewer eyes would be lost.

Four grains to the ounce of water is a good standard strength; one drop in the eyes 3 to 6 times daily, according to the needs of the case, and the idiosyncrasies of the patient. When it is necssary to use the drug more than 3 times daily, the finger should be pressed on the lachrymal sack for a full minute after the solution is dropped in the eye to prevent its passage into the nose.

It is often somewhat difficult to make a positive diagnosis of iritis, particularly if oblique illumination of the iris and cornea is not used. In iritis the pupil is *always* contracted, and does not dilate in the dark; the iris also has a muddy or dingy look. These conditions can be best discerned by using oblique illumination. This is best accomplished by seating your patient on a low chair in a darkened room, and taking your stand behind him, have him lean his head well back. Now, with a condensing lens (a circular lens without rim or handle, of a diameter of from one and three-quarters to two and one-half inches is the best for this use, costing from 75c. to $2.00), focus the rays of light from a lamp held on a level with the patient's eye and about 16 inches distant. (See illustration). In this manner one can illuminate the cornea and iris and can detect the slightest movement of the pupil, and also determine the dingy color of the iris. Notice

the pupillary edge—often the plastic exudate resulting from the iritis can be seen spread over the lens capsule in advance of the iritic margin. I cannot lay too much stress on the value of this form of illumination in diagnosing diseases of the iris and cornea. It is in diseases of these parts what the ophthalmoscope is in diseases of the choroid and retina, but unlike the ophthalmoscope, its use is very easily learned.

Suggestions Concerning Railway Disinfection.

[SELECTED PAPER.]

By Earle Grady, M. D. Tryon, N. C.

It is not my intention to serve you with an elaborate treatise on the many varieties of micro-organisms that we may meet in our travels, nor the specific method, if there is one, of disinfection to be carried out in the destruction of each and every one of them, but simply to state the possibilities of every day infection and a general means of protecting ourselves and our patients from their fell ravages.

It is a well known fact, now profited by, that prophylaxis or preventive treatment is the desideratum sought for by well-meaning physicians. We know that by practicing the simplest methods of hygiene we can forestall many of the most dreaded infectious troubles, notably those of typhoid, diphtheria, and, I think I may say, tuberculosis. We know how zealously the conscientious physician or health officer will disinfect the rooms and destroy the various articles that have been in and around some of those who have unfortunately been afflicted with the above-mentioned troubles. We see every day how the health authorities in our cities are passing ordinances prohibitory of promiscuous expectoration, endeavoring thereby to head off the inroads of that insidious monster, well known as the "white plague," whose poison lurks in this matter. It is now considered almost a calamity for one to be compelled to occupy a room that has been used by a consumptive, although the best methods of disinfection may have been resorted to. Yet these same people, officers, disinfectors, etc., will unreservedly and seemingly fearlessly occupy a car and sleep in it after it has been used for months carrying these unfortunates to and from the different resorts, thinking no harm will come to them in consequence. Yet think of the numbers of those afflicted who have carelessly been expectorating and expelling their poison into the air of those close compartments. Not from this alone is there a possibility of trouble, but patients who have seemingly recovered from other infectious troubles often take trips in search of a rapid convalescence, and leave behind them their respective infection from some article of clothing they unconsciously are carrying with them.

Now, what means are used to protect the public is the vital question.

We know that railway companies have their cars cleaned and swept and the bedding put through a process of compressed air for renovating them after each trip, but does this do away with the poison of any germs that are harbored therein? From our knowledge of these organisms we can say no.

In my own experience of the last few years I have seen cases of scarlet fever, measles and diphtheria directly traceable to this as a cause. We cannot so trace a tuberculosis infection, inasmuch as the period of incubation is uncertain and indefinite, but one who is susceptible will often find a focus of infection around him in his berth.

How are we to remedy this trouble? What can we in conjunction with the railway and car companies do? This I am not able to answer definitely, but knowing the fact that a room or house thoroughly closed can in the space of twenty four hours, be so thoroughly disinfected that all germ life is destroyed by the use of formaldehyde gas, I offer this as a means to obtain our end—that of formaldehyde disinfection.

If at the end of each trip the sleeper is thoroughly closed and a formaline generator placed in it (the method being very simple and comparatively cheap) I believe the public would be a great gainer thereby, and that many cases whose origin is unknown or obscure would be things of the past.

This method was brought before us several years ago by Dr. Wyman, of the Marine Corps, and since then I have given it a thorough and exhaustive trial and find the results both definite and decisive, with no ill effects to the contents of the rooms so disinfected.

These points are put forward more for the purpose of stimulating healthy thought and bringing the attention of the association to this matter, than for any purpose of instruction. It is far more laudable to prevent than to cure, and our patients and the public will soon appreciate our endeavors and reward us according to our deeds.—*Int. J. Surg.*

Corns.

By Lester Keller, M. D. Ironton, O.

We all have them, that is, nearly all of us. How many of us hear some victim complain every time it is going to rain, and especially if he has recently bought a new pair of shoes? How many of us can give him relief?

We will define a corn as a growth of epithelium caused by pressure. If it is on top of the toe where the shoe rubs against it, it is hard; if between the toes where they press against each other and the parts kept soft from prespiration, then it's soft. These two general divisions will answer all practical purposes.

I do not now recall a soft corn that the foot did not also possess a hard one.

Let us take the bare foot street urchin to see what a natural foot is. You can put a pencil between his toes without any effort, and when cold weather comes and he must put on his shoes I guarantee he has no corns.

How many of you can put a pencil between your toes without forcibly separating them? How many wash their toes every night and work them as they do their fingers when they wash their hands?

When consulted about corns I say to the patient, "I know you only need a number three, but if you will wear a four, your corns will not hurt you so much." As a result I either give her relief or so offend her she does not bother me any more

about them. And I have observed it is not *always* the *woman* who wears a size too small.

For every corn produced by a shoe too large, you can find 999 caused by shoes too small. A shoe that fits snug around the instep, fairly heavy sole, soft upper, flat heel and a toe wide enough to move the toes freely will hardly cause corns.

A case comes to you with the corns already there, then what? Have a plaster paris cast of the foot and a last made like it, humps, bumps, and all. If the corn is in the worst possible place (the botom of the foot), have the insole trimmed to fit over the bump and not just stretched over it. If the corn is between the toes, have the sole wide enough to wedge the toes apart with pledgets of cotton between their ends.

And now to remove the corn. If hard, soak the foot in hot water for fifteen minutes before bed time and apply over the corn a good coating of salicylic acid and collodion, one part to three. Repeat for five or six nights (if needed), each time removing all dead tissues with a knife after the bathing.

A drop of castor oil well rubbed on every night afterwards helps matters very much.

If very tender, a perforated felt ring, strapped on to the toe with adhesive plaster, will protect it from pressure.

I have often softened up a hard corn by putting on a piece of surgeon's adhesive plaster and wearing it for a few days, renewing once a day.

For soft corns, first get wide shoes. Bathe the foot for ten minutes in hot water and remove all the dead ephithelium with a knife, dust on freely one part pulverized acetanilid and two parts boraic acid, then prop the toes apart with pledgets of cotton placed between the ends of the toes. There are many drying powders, but this one has served me as well as any.

It sometimes happens that the toes are so pressed and distorted by ill-fitting shoes that they cannot be separated, and the corn is almost beyond your skill.

I then reccommended amputation of one of the toes at the tarso-phalangeal joint.

Why not? You do other just as serious operations for much slighter lesions.

If your toes are so distorted they are of very little use to you any way. The foot is too wide across the toes any way or it would not be so squeezed. The squeezing was surely not from a sense of comfort. If the corn is between fourth and little toe, do not remove the little one, unless there is some good reason for it, but remove the fourth one and you avoid a scar where the shoe will rub.—*Medical Council.*

One On The Druggist.—A Main street druggist tells this story on himself: Happening to be out at the house of a friend he noticed a boy very busy with slate and pencil. "See here, my son," he said, "I'll give you a question in profit and loss. I have a mixture down at my store that is compounded as follows: A liquid worth 50 cents per ounce, a powder worth $4 an ounce, a crystal worth 10 cents an ounce, to which I add two gallons of water which I get for nothing. I sell the mixture at 25 cents per ounce. What is the percentage of profit?"

The boy thought for a moment and then replied: "It's no use, sir; that is out of profit and loss and is just plain swindle."—*Salt Lake Herald.*

Mrs. Nation's mode of burying the hatchet is more impressive than pleasing to those in whose property it is buried.—*The Philadelphia Ledger.*

Economy in the Employment of Cocaine.—Dr. Wyatt Wingrave (*Journal of Laryngology*, vol. xv., No. 12) makes some very pertinent remarks on this subject. His experiments in the Central London Throat and Ear Hospital, as reported below, indicate that much weaker solutions of cocaine than are usually employed may be made to do efficient service.

The prevailing high price, with the occasional personal intolerance of cocaine and its salts, suggested experiments with the view of reducing the quantity employed and increasing its efficiency when used in ear, nose, and throat work.

In the first place, it was found that a two per cent. solution of the alkaloid in equal parts of almond petroleum oil proved an efficient local anaesthetic for the examination of, and slight operations upon, the nose and throat—*e. g.*, passing Eustachian catheter, laryngoscopy, exploration and removal of foreign bodies, etc. Applied either by means of an atomizer or a cotton-wool "swab" although apparently taking a little longer to act, its anaesthesia is more prolonged than that usually produced by a watery solution, probably owing to the fact that oil is less readily removed by the flow of secretion.

With regard to the salt, a watery solution containing cocaine hydrochlorate five per cent., and sodium sulphate two per cent., was eventually selected. The addition of the neutral sodium salt decidedly increases the effectiveness of the cocaine, partly by reason of its penetrating power and partly owing to its solvent action upon the globulins and other proteids which occur in the secretions. The former quality is well illustrated in the influence of Muller's fluid on tissues, the chromic salt penetrating readily under the influence of Glauber's salt.

The action of the combined solution proved to be distinctly more rapid, and the anesthesia was as complete, with a proportion of five per cent. as with cocaine in much stronger solutions by itself. Economy is effected, and the risk of constitutional symptoms is minimized.

When either subcutaneous injection is required, eucaine hydrochlorate (five per cent.) may be combined with two per cent. sodium sulphate with equal advantage; but when used as a surface application to mucous membranes, eucaine should be followed or combined with a solution of suprarenal extract if local ischemia be desired. —*Medical Age.*

The Treatment of Syphilis. A New and Tolerable Form of Administering Mercury, With Report of 65 Cases Treated at Bellevue Hospital. —By Winfield Ayres, M. D., New York City, Instructor in Genito-urinary Surgery at the New York Post-Graduate Hospital, and attending Genito-urinary Surgeon at Bellevue Hospital, Out-door Patients' Department.—(Abstracted from the Author's Original Paper in the *Philadelphia Medical Journal*, November 10, 1900.)—The writer states that when his attention was called to mercurial as an antiseptic of special value in the treatment of gonorrhoea, it occurred to him that it would be a first-class preparation for the treatment of syphilis. Some time was necessarily spent in determining the proper dosage. At first one-eighth of a grain was given three times daily, and this dose was gradually increased until it was found that three grains was the average quantity required to control the malady. The highest amount given was seven grains and the lowest amount that exerted a controlling influence upon the disease was one-half grain. In starting a patient on a course of

Mercurol the author advises beginning with half grain or grain doses. Salivation has been produced by two grains, and yet as much as six grains has been taken with no disagreeable symptoms.

The objections to the use of unguentum hydrargyri as a remedy in secondary syphilis are referred to; and while the popularity of mercuric protiodide is conceded, the irregularity of its action and its tendency to cause gastric and intestinal disturbances are not overlooked. In the writer's experience 33 per cent. of his cases were not benefited by this drug.

Mercurol is a nucleid of mercury, and was discovered by Karl Sclwickerath of Bonn, Germany. Kopp, Director of the Royal Polyclinic for Genito-urinary Diseases at the University of Munich, uses Mercurol in smaller doses, which leads the writer to remark, "he will find as I have done, that it is desirable to use a much larger dosage." Mercurol should not be given in solution with potassium iodide.

In all, 65 cases received Mercurol at the Bellevue clinic, 60 of which had not had previous treatment. Of these, 13 did not return after the first or second visit; 14 did not remain long enough under treatment to give the preparation a fair trial; and 13 may be described as new patients. Deducting these 40 cases, there remain 25 cases that have been sufficiently long and regular in their attendance to supply data from which definite conclusions may be deducted. The detailed histories of these 25 cases are included in the paper. In summarizing the author remarks that while two months treatment of syphilis is insufficient to determine absolutely the value of any remedy, the marked improvement shown by many of his cases makes it certain that Mercurol is of great value. Its superiority to mercuric choride in controlling the symptoms of syphilis is proved. Like all internal remedies it has very little effect upon the initial lesion; still it has hastened the healing slightly. None of the cases required treatment with pottassium iodide to control secondary manifestations.

To recapitulate; (1) Mercurol causes less disturbance of the gastro-intestinal tract than any other preparation of mercury used internally. (2) It controls skin eruptions and pains much better than any other preparation, while it controls mucous eruptions as well as any other, and has equally as good effect upon the chancre. (3) It is an advantage that it can be taken in pill form.

To The Physicians of the United States.—The National Woman's Christian Temperance Union has been active for twenty-seven years in combating the evils of alcoholic liquor drinking. Among its most effective allies have been those physicians who do not prescribe alcoholic liquors, allowing alcohol a very limited sphere of usefulness, or none at all.

We are endeavoring to bring the teachings of such physicians to the people and we believe that much good is being accomplised thereby. It is apparent, however, that if the evils of liquor drinking (ill health, poverty, insanity and crime) are ever to be fully abated, the medical profession must take a more active part in this much desired reform. They, more than others, can disabuse the public mind of old time errors concerning the use of or the necessity for alcohol, either as a beverage or for medicinal purposes. It would seem to be the duty of those to whom the public looks for guidance in all things pertaining to health, to continue to make the most careful investigations of the nature of alcohol and its effects upon the human system, and to see to it that their medical practice and teaching, as well as their

personal example, is upon the side of safety.

The New York School of Clinical Medicine, a post-graduate college for physicians, has just now opened a new department for the study of the constitutional effects of alcohol and other drugs.

An emminent Russian physician, in a paper read before the International Medical Congress, held at Moscow, August, 1897, said: "The struggle against alcoholism merits as much attention on the part of the medical profession as that against the various epidemics, and the success of the struggle is impossible without the active sympathies of the medical profession."

Realizing the truth of the foregoing statement, the National Woman's Christian Temperance Union, at the beginning of this new century, appeals to physicians to aid in the efforts being made to remove as far as possible all tendencies and temptations toward the formation of the drink habit. The medical profession can wield a powerful influence by bringing to the knowledge of the people the concensus of scientific opinion and practical observation, on the disastrous results which follow the habitual and indiscriminate use of alcohol.

Particularly would we ask physicians to warn parents against the home prescription of alcohol and against the use of proprietary medicines containing alcohol or other narcotic drugs, by showing them the danger and teaching them a better way.

We respectfully ask that this appeal be published in all medical journals and that it be brought before National, State and County Medical Societies for discussion.

With profound respect for your honorable profession, and with hope for active co-oporation in this work we are,

Sincerely yours,

LILLIAN M. N. STEVENS,
President N. W C. T. U.
SUSANNA M. D. FRY,
Cor. Sec. N. W. C. T. U.

Limitations of a Gargle.—Saxton T. Pope—*Occidental Medical Times*, March, 1900.

The author quotes Dunglison's old dictionary definition of a gargle: "A gargle is a liquid medicine, intended to be retained in the mouth for a certain time, and to be thrown in contact with the uvula, velum palati and tonsils," and holds that we have forgotten this definition, many persons being deceived. For if the act of gargling be gone through without a liquid, the posterior pillars are seen to be closely approximated, the soft palate is depressed, the uvula lies to one side, being displaced by the tongue, which, retracted and markedly convex, fills in the base of the angle made by the posterior pillars.

The author made experiments with patients from the throat clinic of the San Francisco City and County Hospital, who were made to gargle a mixture of methylene blue, mucilage and magnesia, which adheres to the mucous membrane and leaves evidence of its contact. In the majority of cases the buccal cavity was completely pigmented, as also the tongue, hard palate, anterior pillars and normal tonsils. The posterior wall of the pharynx was uncolored. Hence it was learned that the pharynx is untouched, that the gargle certainly does not go up into the vault of the pharynx nor down into the larynx. Therefore, when it is desirable to treat the buccal cavity and its contents, a gargle may be of use; when the pharynx or larynx are to be medicated, it is impracticable.—*Laryngoscope.*

The Importance of the Superior Pillar of the Tonsil and of the Supra-Tonsillar Fossa as a Cause of Phlegmonous Peri-Amygdalitis, Complete Extirpation of the Upper Half of that Organ as the Only Efficacious Preventive Treatment.—Ricardo Botey (Barcelona).

Some patients have phlegmonous peri-amygdalitis two or three times yearly and the treatment of the removal of the tonsils, tearing, or ignipuncture, without enucleation, in the majority of cases does not prevent relapses. The danger lies in the superior pillar of the tonsil. Incision is rarely sufficient and the method may succeed, but the radical enucleation of the upper portion of the gland is the only proper method. There are cases in which the extirpation of the upper third is impossible so close are the adhesions. The author in such cases uses a cutting hook, cutting from without inwards and shaving a part of the soft palate. Other operations are detailed, but in all of them the hemorrhage is very moderate, and when properly performed peri-amygdalitis is never again seen.—*Laryngoscope.*

The Removal of Thirty-Five Screw-Worms from the Nose.—Hal. Foster —*N. Y. Med. Record*, December 22, 1900.

These foreign bodies were found in a male patent, seventy-two years of age, whose nose, eyes and face were badly swoolen. He complained of excruciating frontal headache, and the discharge from the nose was bloody and very offensive.

On examining the nose the worms could be easily seen. They had made quite a large opening in the hard palate. Application of chloroform directly to the worms, on cotton, soon dislodged and brought them away. The sinuses were not involved. The patient made a rapid recovery.

A Further Report Upon the Use of Pure Carbolic Acid in the Treatment of Mastoid Wounds and Chronic Suppurations of the Middle Ear.—Phillips (*Medical Record*, Aug. 25th, 1900).—The writer has had continued good results from the use of carbolic acid left in the suppurating cavity for from 30 to 60 seconds, and then washed out with absolute alcohol. He quotes from the Interne at the Manhattan Eye & Ear Hospital as follows: "Under its use areas of necrosed bone have taken on a healthy healing process, sluggish granulations have been stimulated to healthy activity, and in many cases secondary operations have been avoided. It has been particularly valuable when used by means of a spray; in discharge of the middle ear, many cases of persistent discharge have been entirely stopped."—

Mycosis of the Throat, with Report of a Case.—F. E. Waxham—*Colorado Medical Journal*, December, 1900.

The interest of this disease lies in its rarity, its resistance to all ordinary methods of treatment and the necessity for correct diagnosis. The disease is a parasitic one, due to the leptothrix buccalis, the spores of which are long and threadlike. It has been considered synonymous with thrush, but the two diseases are very different. The parasite gives rise to a fungus growth that appears in the form of small milk-white or yellowish-white tufts, soft and moist. These tufts are usually situated in the crypts, or in a wedge-shaped manner, in the mucous membrane just about the orifices of these crypts and project about to one-sixteenth to one-eighth of an inch above the surface of the mucous membrane. Occasionally they are hard and horn-like.

Mycosis may be found upon the posterior wall of the pharynx, the tonsils or upon the base of the tongue.

The disease is met with in the healthy quite as often as among the feeble and sickly, and quite as frequently among those whose teeth are well cared for as among those with carious teeth.

It is easily distinguished from tonsillitis, for in the latter disease the white spots of exudation are entirely confined to the tonsillar follicles, not appearing upon the mucous membrane elsewhere, and is smooth, not in tufts. In diphtheria we have the continuous patch of exudation, and not small, isolated white tufts. The microscope also differentiates. Probably the cheesy matter in the tonsil follicles most resembles the disease.

Once established there is no spontaneous cure, and the disease may last for years, or a life time, resisting all ordinary medication. The strongest antiseptics have little or no effect. This is because the roots of the fungus are deeply imbedded. It may be cured by the careful use of chromic or muriatic acid but by far the best treatment is by the galvanocautery, each mycotic tuft being deeply cautersized by the needle.—*Laryngoscope.*

Lime Burns of the Eye.—W. C. Posey, in the *Ther. Gazette*, states that after removal of all the irritating substance, the lids should be everted and every part of the conjunctiva carefully cleansed with oil or a diluted solution of vinegar, or water alone may be employed. Sugar is sometimes used in concentrated solutions, as cane sugar forms an insoluble compound with lime. Following the chemical neutralizations the eye should be thoroughly cleansed with a boric acid-solution, 10 grains to the ounce, and ice compresses constantly applied until all inflammatory reaction has subsided. As there is danger of involvement of the iris, if the cornea is affected a solution of atropin should be dropped into the eye to dilate the pupil, and subsequently the use of olive-oil or castor-oil dropped into the eye will best promote the healing.—*Journal of the American Medical Association.*

A Sign of Incipent Phthisis.—M. Boix (*Medical Press*, Jan. 30, 1901) read a paper at the last meeting of the Paris Medical Society on a sign of incipient phthisis hitherto unnoticed, that of atrophy of the scapulothoracic muscles. He said that the difficulties of a positive diagnosis of phthisis in its earliest stage are well known. The bacilli of Koch cannot be discovered at that period; consequently one has to fall back on clinical signs. The symptom he referred to, although it may not be new, is not mentioned in text-books; he referred to muscular atrophy of the scapulothoracic region. That atrophy more or less general in advanced stages of the affection is, on the contrary, partial in its *debut*, involving one or other of the muscular groups; in one patient the supraclavicular hollow is more pronounced, in another the subscapular muscle is less prominent, and so on; and those differences, in comparison with the healthy side of the thorax, could be easily remarked by a careful observer. —*Medical Age.*

Some Suggestions on the Manner of Using Protargol.—Having passed the experimental stage it may now be safely asserted, on the ground of the remarkably extensive literature published, that protargol is one of the most important additions to the materia medica of recent years. Aside from its general use in the treatment of gonorrheal affections it has to a great extent displaced nitrate of silver in diseases of the eye, ear, nose and throat To obtain uniformly good results attention has been lately drawn to the importance of exercis-

ing proper care in making the solutions, a point which has been especially emphasized by Professor Neisser. A clear and satisfactory solution can be secured in any one of the following ways: Stir the protargol powder into a thick and smooth paste with a little cold water, and then add the bulk of the fluid. This should be done in a glass or china vessel, using a glass rod; if in a mortar, the latter as well as the pestle should be slightly moistened with a few drops of glycerine. Protargol may also be readily dissolved by dusting the powder evenly upon the surface of the water and allowing the fluid to stand without stirring for about ten minutes. It is very essential that only *cold* water should be used in making the solutions, as with warm water the drug is to some extent decomposed, and then becomes less active and may cause irritation; for the same reason the solutions should be preserved in dark colored yellow bottles. In acute gonorrhea the average strength of the solutions ranges from one to ten grains to the ounce; in chronic urethritis, up to thirty grains; in diseases of the eyes, ears, nose, and throat, ten to sixty grains; as an application to wounds and ulcers, one to two per cent. solutions and five per cent. ointments are in use. Unlike nitrate of silver protargol does not stain the skin even in concentrated solution. The solutions commonly employed in gonorrhea also do not produce stains of the clothing, or if they do, only cause slight discoloration, which can be easily removed with warm soap water. The much stronger solutions of twenty to fifty per cent. sometimes leave behind brownish yellow stains on the clothing; if recent, they can be removed with soda and ammonia; if old, by the action of peroxide of hydrogen in the presence of ammonia.

A Reliable Antidote.—An item relative to carbolic acid poisoning in a late issue of one of the drug journals recalls an incident related by a friend of mine, wherein is suggested for carbolic acid poisonings, whether internal or external, an antidote which is almost always available.

A woman with suicidal intent swallowed a considerable quantity of carbolic acid. To render the dose as palatable as possible, however, she either mixed it with whiskey or used the latter as a "chaser." Medical aid was summoned shortly after the dose was taken, but vomiting took place before the arrival of the physician, who therefore had but little to do to render his patient comfortable. It was found that although a large quantity of the acid had been swallowed, the whiskey had so neutralized its effect that there was no eschar in the mouth or throat.

Experiment in a small way verified the fact that alcohol would neutralize the effect of the acid on the skin; for after applying pure acid to the wrist and permitting it to remain until quite painful, and its escharotic effect very manifest, alcohol was applied with the result of leaving only a slight stain. Nor was the treated part painful or more sensitive than the surrounding cuticle.

Further experiment is of course necessary to establish whether it will prove a reliable antidote in all cases where poisonous doses of the acid have been administered. The antidote (alcohol in any form), because so readily obtainable, is doubly valuable, by reason of the promptness with which it can be given.

Perhaps some other correspondent can furnish facts to corroborate the value of alcohol in this direction.—ROBET H. REVEL in *Bulletin of Pharmacy*.

Removal of a Foreign Body from the Ear.—JAS. G. MACASKIE.—*Lancet*, June 2, 1900.—The author was called in to see a schoolboy who had pushed into the right meatus a piece of india rubber which had previously been attached to a lead pencil. It was found that he had driven the rubber well in, and it was almost an exact mould and presented to view an entirely flat surface, it was impossible to catch it with forceps, and syringing did not seem likely to improve matters. The author, therefore, on the following day, teased out the end of a small piece of twine, and giving this a good coating of glue, pushed it tightly against the india rubber, packing it closely all round with cotton wool. This was allowed to remain in position for twenty-four hours when there was firm cohesion, and not the slightest difficulty was found in withdrawing everything *en masse.* —*Laryngoscope.*

The Use of Alcohol in Treatment of Carbolic Acid Burns and Poisoning. —Having used alcohol in the treatment of carbolic acid poisoning and burns with most gratifying results, I venture to give my observations for the benefit of those who have had no experience with this antidote. It not only enables us to save many lives that are threatened by the accidental or intentional misuse of carbolic acid, but it widens the field of use of one of the most powerful germicides, for it enables us to use the full germicidal properties of the acid without any dangerous caustic effect. I believe that the following cases justify my statements:

Case 1.—Some one threw about two ounces of carbolic acid on the face and hands of a woman, and when I arrived, about fifteen minutes after the occurence, I bathed the injured parts freely with alcohol for half an hour. Marked improvement took place at once; pain was diminished, and the skin assumed a healthier color. I also applied carron-oil. In about a week the patient had fully recovered without any mark on the face.

Case 2.—A woman aged 29, drank 2 ounces of carbolic acid. I saw the patient ten minutes afterward, and gave alcohol internally, 4 ounces every half hour until three doses had been taken, then 1 ounce every hour for four doses. I administered ¼ gr. morphin hypodermically, followed in two hours by another injection of morphin. After this there was little medicine given. The patient was discharged in six days.

Case 3.—A man, aged 45, received a serious injury in the arm; subsequently infection took place. I applied 95 per cent. carbolic acid to the wound for a minute, followed by alcohol. After four applications infection disappeared and the patient made an uneventful recovery.—Herman A. Klein, M. D., of Chicago, in *Journal American Medical Association.*

Foreign Body in the External Auditory Meatus.—J. M., aged thirty-five, was sent to me by Dr. Reid. He stated that twenty-five years ago that he had put a piece of slate pencil into his right ear, and that since it had remained in. I admitted him to the Royal City of Dublin Hospital. He was very deaf, and both ears were packed with dense masses of cerumen. After syringing for some time the mass of cerumen in the right ear was softened, and a hard substance was felt imbedded in it. I could seize it with a forceps, but it would not come, so it was moved about as much as possible inside the ear, and the ceremen further softened with oil, and next day, when the ear was being syringed a piece of slate pencil, three-quarters of an inch long, came out; it was sharply pointed at one end, and had got jammed sideways in the mea-

tus, where it lay for twenty-five years causing no pain, but considerable deafness from the accumulation of cerumen. The membrana tympani was thickened and rough on the surface, but not unduly vascular, and after inflation by Politzer's method the hearing in the right ear was improved to a whisper at 2 meters and C. V. at 5 meters. The above is a good instance of how long a foreign body may remain in the external auditory meatus without producing any serious inflammatory reaction.—A. H. Benson.

I think a parallel case to that reported by Mr. Benson under the title of Foreign Body Twenty-five Years in the External Auditory of the Meatus may be interesting. An old lady seventy-eight years of age, had complained more or less for thirty years of age, had complained more or less for thirty years of deafness in her left ear, which, as far as she could remember, had come on quite suddenly. I found the ear full of wax, and advised syringing; which I proceeded to do. After one or two large pieces of the hardened wax had come away, I was considerably astonished to find a small, round ball, about the size of a pea, discharged from the ear into the basin. This, on examination, proved to be a piece of tortoiseshell, which had broken off from one of the ornamental combs she used to wear over thirty years previously.

The tympanic membrane was thickened and vascular. After using Politzer's bag twice the hearing was almost normal in the ear in question. —*Wm. L. Cullen, in British Medical Journal.*

Quick Removal of Tape Worm.—By A. J. WELDON, in *Southern Practitioner.*—W. J. D., age 24, white male, had been feeling unwell for several days, and knew no cause as he was otherwise healthy; but in a week or ten days after the first symptoms, he began to pass joints or sections of the Tænia Solium in nearly all the evacuations from his bowels. The patient being a young man of reading and intelligence, consulted the books and tried the usual remedies, such as petroleum, pumpkin seed, oil of turpentine, etc. For several weeks, including the time from middle of August last to the last of October the patient had consulted me and manifested so much anxiety that I began to think of some new mode of treatment. So on the 23d of November last he called on me with the usual statement that nothing seemed to do any good in the way of expelling the parasite. I asked him to spend the following night with me at my office. I suggested that he would not eat any supper or breakfast, and the next morning about 8 o'clock I gave him internally a teaspoonful of chloroform just before I went to breakfast. Just after my return from the breakfast table I gave him two tablespoonsful of castor oil, and insisted that he stay on the bed. I had reasoned that the chloroform would have its peculiar effect upon the parasite, and told the young man as soon as the castor oil would move the contents of the bowels freely, that he might expect his wormship. So just after noon on the some day that he took the chloroform and oil his bowels moved freely and he brought the vessel to me containing the entire worm. It was apparently dead as I had predicted, but after we had washed it in tepid and cold water and laid it on a board and measured it, the worm showed itself to be alive, and as I supposed had recovered from the effects produced by the chloroform. The parasite was about twenty-five feet long. This process may not be new, but to the writer it is a new departure in the treatment of the Tænia Solium—to chloroform him and make him let loose and at once expel him. Now the patient appears to be quite well.

Try Gravity, Water and Common Sense.—By lying on the right side fifteen minutes after a meal all the liquid would gravitate out, leaving solids to be acted upon by the gastric juices. When the bile flows back into the stomach, producing vomiting, taking the recumbent position on the right side will stop the vomiting.

The rule of lying on the right side for fifteen minutes after each meal is one of the best treatments for dyspepsia. Again, before rising in the morning one should lie a half-hour on the left side, thus emptying the colon.

In dysentery and diarrhœa one should immediately, after each passage, lie down on the right side. As soon as it is necessary again to evacuate the bowel, then turn on the left side a moment before rising. Thus we will prevent accumulations in the lower bowel that produces tenesmus. When the bile becomes very acrid, and the digested products fermenting instead of the usual healthy products this matter parboils and inflames the intestine, and more especially the colon, where the small intestine is attached; therefore, by freeing the colon, flushing it, the cause is removed and the inflammation subsides, and the "appendicitis" gets well. Gravity, water and common sense are wonderful doctors.—*Modern Medical Science.*

The Treatment of Acute Inflammation of the Middle Ear.—S. S. Bishop says that in the first stage filling the ear with warmed vaseline and the practice of gentle inflation will suffice to give relief. In the second stage cocaine may be instilled into the ear in eight-per-cent. solution and a full dose of morphine given. Leeches are often of service. Poultices are mischievous. He has seen the following device give great relief. A piece of clean cotton is placed lightly in the mouth of the auditory canal. A pipe is partly filled with tobacco and lighted. Then a piece of thin cloth is placed over the mouth of the pipe-bowl and blown gently through, while the lip-piece of the pipestem rests against the cotton pledget. This filters the warm smoke through the cotton into the canal of the ear, and a grateful sedative effect is soon obtained. If, however, pain and bulging of the drumhead conuntie, paracentesis should be done.—*Laryngoscope*, December, 1900.

Owed To The Grip.

Cold that makes you rear and rip,
Quinine with a fiery nip,
Boiling drinks to sip and sip,
Lemonade and high-spiced flip,
Back that aches from neck to hip,
Swollen nose and puffy lip,
Head that seems to go ca-zipp!
Pulse that shows a lively clip,
Strength that swift away doth slip,
Feet that stumble, stub and trip,
Knees that toward each other dip,
Gait that rolls as if on ship,
Tongue that's furry to the tip,
Still more quinine. 'nother dip—
It's the grip!

—*Cleveland Plain Dealer.*

The Following is an exact copy of an epitaph on a tombstone in a New Hampshire cemetery. It explains itself:

"Ruth Sprague, dau. of Gibson and Elizabeth Sprague. Died Jan. 11, 1816; aged 9 years, 1 mos. and 3 days.

"She was stolen from the grave by Roderick R. Clow and dissected at Dr. P. M. Armstrong's office, in Hoosick Falls, from which place her mutilated remains were obtained and deposited here.

"Her body dissected by fiendish men,
Her bone anatomized,
Her soul we trust has risen to God,
A place where few physicians rise."

—*Atlanta Journal Record.*

Stopping Him.—Cholly Borely (after being interrupted): "E-r—what was I going to say?"

Dolly Suffern: "Oh! nothing much! —*Puck.*

Prescriptions.—From *Merk's Archive.*

Pulmonary Tuberculosis:

Guaiacol	4 dr.
Creosote	2 dr.
Cod-liver Oil	1 pint
Oil Cinnamon	2 dr.
Oil Bitter Orange	30 min.
or	
Oil Bitter Orange	10 min.

Teaspoonful three times a day for the first week, two teaspoonsful during second week, three during third week, and four during fourth week. Continue latter dose if stomach remains unaffected; otherwise reduce to two teaspoonsful three times a day.

For severe cough give the following mixtnre:

Codeine	3 grn.
Dionin	6 grn.
Dilute Hydrocyanic Acid	1 dr.
Brandy	1 oz.
Extract Licorice	1 dr.
Syrup Wild Cherry, to make	3 oz.

Shake well. Teaspoonful three or four times a day.

Dionin	5 grn.
Linseed Oil	3 oz.
Oil Eucalyptus	24 min.
Oil Cinnamon	2 dr.
Glycerin	5 dr.
Simple Syrup	1¼ oz.
Water	5 oz.
Irish Moss	1 dr.

Make an emulsion, lege artis. Half to one tablespoonful three times a day.

Thiocol	6 grn.
Cocaine	16 grn.
Boric Acid	60 grn.

Use by insufflation: In laryngeal tuberculosis.—Prof. A. Fasano.

Creosote (Beechwood)	2 dr.
Glycerin	1 oz.
Brandy	6 dr.
Tincture Gentian.. } Comp. Tinct Cinchona }	of each 3 oz.

Teaspoonful four times a day after meals. Each time the mixture is repeated, a dram of creosote is added, until 1 oz. prescribed. The patient thus commences with 2 minims per dose and reaches 8 minims.—W. J. Robinson.

Creosote (Beechwood)	1 dr.
Guaiacol	2 dr.
Emulsion Cod-liver Oil (50 p. c.)	12 oz.
Syrup Hypophosphites (U. S. P.)	4 oz.

Tablespoonful three times a day.

Thiocol (Guaiacol Sulphonate of Potassium	2 dr.
Syrup Orange	1 oz.
Peppermint Water	7 oz.

Tablespoonful three times a day.

Thiocol	2 dr.

Divide into a twenty-four capsules. One capsule four times a day.

Iodoform	24 grn.
Creosote	4 min.
Oil Eucalyptus	8 min.
Chloroform	48 min.
Alcohol } of each, enough to Ether }	make ½ fl. oz.

Ten to twenty drops on the sponge of a perforated zinc inhaler, to be worn for twenty minutes three times a day.—Brunton.

Iodoform } Creosote } Benzoin } Balsam Tolu }	of each 1 grn.

For one pill. Two to four pills a day. —Huchard.

Arsenic Iodide } Strychnine Sulphate } Corro. Mercur Chlor. }	of each, 1 grn.
Quinine Sulphate } Iodoform }	of each, 2 dr.

Divide into 40 pills (or, better, capsules). One, three times a day, as a general tonic. —Mann.

Guaicol-Sulphon. of Potass.	2½ to 4 dr.
Cod live Oil	4 oz.
Syrup Hypophosphites	2 oz.
White Wine	4 oz.
Yolks of Eggs	2 oz.
Oil Bitter Almonds	4 to 8 drops.
Water	to make 1 pint.

Tablespoonful three to six times a day. This is an excellent combination, and if properly prepared, is taken without the least repugnance. The effect on the cough, expectoration, and anorexia is quite remarkable in the great majority of patients.

Arsenous Acid } Digitalin (Merck) }	of each, 1 grn.

Make 30 pills. One after meals. —D. E. Hughes.

Morphine Sulphate	1 or 2 grn.
Spirit Chloroform	½ oz.
Syrup Wild Cherry	3 oz.

Teaspoonful every four hours.—Hare.

Ichthyol } Creosote Carbonate } Glycerin } Peppermint Water }	of each, 4 dr. 6 dr. 2½ dr.

Twenty drops, gradually increased to thirty drops, in wine or lemonade, three times a day after meals.—Hugo Goldmann.

Camphoric Acid	10 to 30 grn.

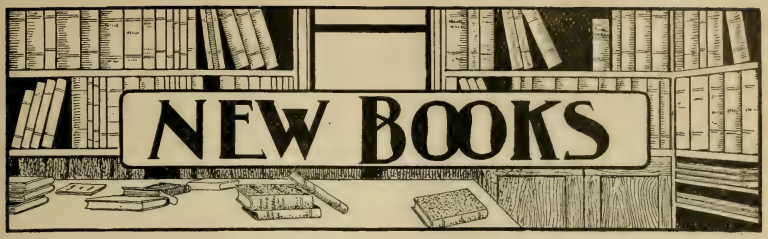
Take about an hour before going to bed. (For night-sweats.)

Sodium Cacodylate	30 grn.
Rum } Simple Syrup }	of each, 5 dr.
Water	2 oz.
Essence Spermint	2 dr.

Teaspoonful per dose —Danlos.

Sodium Cacodylate	½ grn.
Ext. Gentian	to make 1 pill.

One, three times daily—Danlos.



Personal Hygiene. A manual edited by Walter L. Pyle, A. M., M. D., Assistant Surgeon to Wills Hospital, Philadelphia, etc. Contributors: J. W. Courtney, M. D., Boston; Chas. G. Stockton, M. D., Buffalo; George H. Fox, M. D., New York; E. Fletcher Ingalls, M. D., Chicago; B. Alex. Randall, M. D., Philadelphia; G. N. Stewart, M. D. Cleveland. Illustrated. Philadelphia: W. B. Saunders & Co. Price $1.50. 1900.

This book is of a nature to appeal rather to the laity than to the profession, and for that purpose it is most excellently adapted. "Proper living upon a physiological basis" is but little understood by the ordinary layman, and if such works as this could be placed in their hands to "set forth plainly the best means of developing and maintaining physical vigor," great good could be accomplished.

The American Year-Book of Medicine and Surgery for 1901. A Yearly Digest of Scientific Progress, Authoritative Opinions in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged with critical editorial comment, by eminent American specialists. In two volumes—Volume I, including *General Medicine*, Octavio, 681 pages, illustrated; Volume II, *General Surgery*, Octavio, 610 pages, illustrated. Philadelphia and London; W. B. Saunders & Co. 1901. Per volume: Cloth, $3.00 net; Half Morocco, $3.75 net.

Dr. G. M. Gand deserves the thanks of every general practitioner for this volume of the American Year-Book on General Medicine. It takes up every interesting subject of advance in the past year, and gives them to us in concise detail. The articles in Vol. I on rheumatism, diabetes, gout and heart disease are important and well worth reading and assimilating. Every one who prescribes digitalis should see what is said in this chapter on Materia Medica. Throughout the whole volume many good ideas may be found that will be of great value to observant medical men. His idea of two volumes is a good one, and should be adhered to in the future.

I. W. F.

The Treatmrnt of Fractures. By W. S. Estes, A.M., M.D., Director and Physician and Sergeon-in-Chief of St. Luke's Hospital, South Bethlehem, Pa. With numerous original illustrations. New York: International Journal of Surgery Co. 1900. (Price $2.00.)

Perhaps no class of injuries are so much dreaded by the average practitioner as fractures. First, their proper reduction and then their retention in good position often present problems that even the experienced surgeon finds hard to solve. In the present little volume the author confines himself to the treatmet of fractures, only referring to the supposed mechanism of the various displacements when necessary to the clearness of his method of treatment. He gives many practical points in the reduction and management of fractures that are well worth kowing; he is opposed to very early passive motion of joints involved in the injury, and while recommending occasionally special apparatus which he has found useful, is an earnest advocate of the principal that would treat each case as an individual requiring special treatment of its own.

Medical News and Items.

The Bubonic plague is reported as spreading in Cape Town, Africa.

At the Queen's Funeral nearly 1,500 persons were injured in the crowd.

Small-pox continues to spread, a severe epidemic is reported from Huntsville, Ala.

Germany proposes to lengthen the term of medical study from four and one-half to five years.

Congress was so busy appropriating funds for "sundry" objects that the anti-vivisection bill was crowded out.

The State Board of Medical Examiners of Minnesota have revoked the license of a St. Paul physician for his violating the code by advering.

The North Carolina Medical Society will hold its annual meeting in Durham, N. C., on May 21st. Secretary, G. W. Pressly, M. D., Charlotte, N. C.

The South Carolina Medical Association will hold its annual meeting in Florence, S. C., on April 17th. Secretary, T. P. Whaley, M. D., Charleston, S. C.

The trustees of Jefferson Medical College, Philadelphia, have granted Dr. W. W. Keen, Professor of Surgery, a year's leave of absence. Prof. Keen will start July the first on trip around the world, returning to his duties in the fall of 1902.

Although General Chaffee was at first sharply criticized by the commandants of the soldiery of the other nations for quartering the United States troops in tents during the winter in China, there have been fewer sick men in the American commands than in those of any of the other nations.—*Medical Age.*

Dr. Francis R. Packard, of Philadelphia, the author of a "History of Medicine in the United States," has recently been elected editor of the *American Journal of Medical Sciences* Dr. Packard is a young man, but an accomplished writer and we congratulate him upon his new hours.

Meeting of North Carolina Board of Medical Examiners.—This board will meet in Durham on May 16th, at 2 p. m. Applicants must be graduates of medicine and must exhibit their deplomas and certificates of good moral character from two responsible individuals.

Epidemic Grippe.—During the past month grippe has prevailed in epidemic form throughout Connecticut, Illinois, Indiana, Maryland, Massachusetts, New Hampshire, New York, Ohio, Pennsylvania, South Carolina, Wisconsin, Virginia and North Carolina. The disease has been of catarrhal type and with a low rate of mortality.

A Suit to test the vaccination law has been brought in Chicago by a man whose unvaccinaled children have been excluded from the public schools. The complainant contends that his children are free from contagious disease, and refuses to have them vaccinated, on the assumption that the virus has frequently caused sickness and death.—*Med. Record.*

"**Plague** prevails in every part of India," says the Bombay correspondent of the *London Daily Express*, except the central provinces. It is particularly severe in Bengal, where there is a weekly mortality of 2500. In Bombay the deaths reached ninety-four per cent. The scourge is intensified by a lack of an adequate medical staff, the doctors being chiefly occupied in famine districts.—*Med. Age.*

Dr. Geo. L. Kirby, Superintendent of the Central Hospital for the Insane, at Raleigh, N. C., died February 19th, of pneumonia. He wes a native of Duplin county, N. C., and was in his 66th year, having been in charge of the State Hospital since 1892.

The death of Dr. W. Street Jones, of Golsboro, at Morganton, N.C., recently, was sad indeed. Some three months ago he visited New York city and while there he was set upon by some tough or toughs, sand-bagged and robbed. It is thought there was some fracture of the skull which led to his early demise. Recently he was sent to the hospital at Morganton for treatment, and while there was attacked with meningitis.—*Wil. Messenger.*

Prof. Joseph McFarland, M. D., the well-known writer and authority on bacteriology, of Philadelphia, will remove to Detroit to prosecute scientific research in the biological laboratories of Parke, Davis & Co. While in Philadelphia Dr. McFarland acquired practical experience in manufacturing, but histastes run in the direction of biological work, to which he will devote his entire energies under the most favorable surroundings.

The Tri-State Medical Society of Virginia and the Carolinas, at the meeting held in Richmond elected Dr. J. N. Upshur, of Richmond, as president; vice president from North Carolina, Dr. J. W. Long, of Salisbury; vice president from South Carolina, Dr. A. C. Baker, of Sumter; vice president from Virginia, Dr. Hugh W. Taylor, of Richmond; secretary and treasurer, Dr. Hubert A. Royster, of Raleigh, N. C.

The following were elected members of the executive council: From South Carolina, Drs. W. P. Timmerman, Timmerman, three years; Manning Simmons, Charleston, one year; from North Carolino, J. W. Marsh, Fayetteville, two years; from Virginia, Southgate Leigh, Norfolk; J. S. Wellford, Richmond.

Drs. C. W. Kollock, of Charleston, S. C., and J. C. Hammeter, of Baltimore were declared honorary vice presidents. The next meeting will be held in Asheville, N. C., February, 1902.

The Governors of the New York Skin and Cancer Hospital announce the following Course of Clinical Lectures on Syphilis by members of the Visiting and Consulting Staffs, on Wednesday at 4:15 P. M.:

March 6th—Syphilis as a Disease: Modes of Infection: Extra-Genital Syhilis. By L. Duncan Bulkley, M. D.

March 13th—Skin Manifestations of Syphilis. By L. Duncan Bulkly,

March 20th—Infantile Syhilis. By A. Jacobi, M. D.

March 27th—Syphilis of the Mouth, Nose, Throat, and Larynx, By D. Bryson Delaven, M. D.

April 3rd— Syphilis of the Eye and Ear By David Webster, M. D.

April 10th—Syphilis of the Nervous System. By Edward D. Fisher, M. D.

April 17th—Syphilis of Internal Organs. By Edward G. Janeway, M. D.

April 24th—Syphilis of the Bones, and Surgical Relations of Syphilis. By Willy Meyer, M. D.

May 1st—Synopsis, Conclusions, and Treatment of Syphilis. By L. Duncan Bulkley, M. D.

WILLIAM C. WITTER,
Chairman of Executive Committee.

Free to Members of the Medical Profession on Presentation of their Professional Cards.

A Stage of Progress.—Since pigs were introduced into the New Hebrides the natives, it is said, have come to regard human flesh as second best.

The Newer Materia Medica.

A Twentieth Century Resume.—With the dawn of the twentieth century, it is both interesting and profitable to pause and consider the events and achievements of the past years, decades and centuries, and to "take stock," as it were, of our present national resources and conditions. The Government Census for 1900 enables us to appreciate how wonderfully our common country has progressed and improved in every material good; how our industry and commerce has enlarged and expanded; how our territory and population has increased and how rich we are in all that makes toward prosperity and advancement. It would indeed be a liberal education had one the time and opportunity to consult and examine the magnificent collection of statistical matter comprised in the returns of the twelfth census. Realizing, however, that such a mass of facts and figures is too confusing for the average mind, the makers of lactopeptine, liquid peptonoids and hemaboloids are engaged in compiling and arranging a 64-page book, entitled "Facts and Figures, Medical and Otherwise, from the Census of 1900 and Other Reliable Sources." Fully one-half of this volume (32 pages) is made up of full-page colored lithographic maps and schematic diagrams, illustrating in a thoroughly clear, concise and graphic manner the most interesting and important subject matter, so that the reader can comprehend and appreciate it at a glance.

The following are some of the more interesting and important statistics thus graphically illustrated "Accessions of Territory"—a map of the United States, showing, by means of contrasting colors our original territory and subsequent accessions, with the dates, amounts paid and from whom purchased or ceded; "Distribution of Population by States"—a map similarly vari-colored, showing at a glance the comparative density of the population of each State and territory; "Increase and Decrease of Population, 1890-1900"—illustrating the percentage of increase of each national subdivision; similar maps of Cuba and Porto Rico, respectively. Of medical and climatological interest are maps and diagrams illustrative of the comparative mortality of the various infectious diseases in in the twelve principal cities of the United States; diphtheria mortality of New York, Massachusetts, Philadelphia, England, London, Chicago, Berlin, Paris, etc., showing graphically the pre- and post-antitoxine death rate; mortality from anaesthetics; ratio of deaths to inhilations; maps showing variations of altitude, sunshine, rainfall, etc., of different sections of the United States; schematic design showing comparative elevation above sea level of the principal health resorts, with climatological and meteorological data relating to each. Other attractive charts represent the division of the population of each State and territory as regards city and country dwellers; color, race, etc., etc.

If we kept on, this notice would resolve itself into a table of contents of one of the most interesting, useful and instructive books of reference and general information ever published, either for gratuitous or paid circulation. The manufacturers of liquid peptenoids, hemaboloids and lactopeptine, who intend to present this handsome, artistic, instructive and unusually expensive souvenir to their friends in the medical and dental professions, will be pleased to receive and file requests for same.

Anatomical Charts.—Battle & Co., of St Louis, are publishing a particularly interestiug series of anatomical

The Most Perfect Form of Dosimetry

IS AFFORDED BY

WM. R. WARNER & CO.'S

PARVULES

The term Parvule, from *Parvum* (small), is applied to a class of remedies (Warner & Co.'s) in the form of minute pills, containing minimum doses for frequent repetition in cases of children and adults. It is claimed by some practitioners that small doses given at short intervals, exert a more salutary effect Sidney Ringer, M. D., in his work on Therapeutics, sustains this theory in a great variety of cases.

20 cents per 100 for any of these formulae.

Parvules of Calomel, 1-20.

[WARNER & CO]

Med. Prop —Alterative, Purgative.

Dose—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain) produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause;and sickness of the stomach does not usually follow.

Parvules of Calomel and Ipecac.

[WARNER & CO.]

℞ Calomel, 1-10 gr. Ipecac, 1-10 gr.

Med Prop.—Alterative, Purgative.

Dose—1 to 2 every hour. Two Parvules of Calomel and Ipecac, taken every hour, until five or six doses are administered (which will comprise but a grain of Calomel), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause: sickness of the stomach does not usually follow.

Parvules of Aloin, 1-10.

[WARNER & CO.]

Med Prop.—A most desirable Cathartic.

The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one to two every evening at and about the expected time.

Dose—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt and ample cathartic effect, unattended with nausea, and in all respects furnishing the most aperient and cathartic preparation in use. For habitual constipation, they replace when taken in single Parvules the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

Parvules of Podophyllin, 1-40.

[WARNER & CO.]

Med Prop —Cathartic Cholagogue.

Two Parvules of Podophyllin, administered three times a day, will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

Parvules of Arsenit: Potash, 1-100.

[WARNER & CO]

This Parvule will be of great use to Physicians as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

Parvules of Corrosive Sublimate, 1-100.

[WARNER & CO.]

Dr. Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the Treatment of Diarrhœa, whether the stools contain blood or not.

Parvules of Nux Vomica, 1-50.

[WARNER & CO.]

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric functions.

For sale by all druggists or sent by mail on receipt of price. Physician's private formulæ made up in lots of 3,000 and over. Pills, granules or compressed form. Write for quotations.

PHYSICIANS' VISITING LIST—FORMULARY OR PRICE LIST SENT ON REQUEST.

drawings in colors, illustrating the fractures of the long bones. Any interested doctor who is not receiving these drawings will do well to advise Messrs. Battle & Cc., of the omission of his name.

The Treatment of Dysmenorrhea.

[ORIGINAL COMMUNICATION.]

By J. W. P. SMITHWICK, M. D., La Grange,

For many years I have been searching for a treatment that would cure those cases that worry so many physicians until they are grey-headed. I refer to the female cases: Painful menstruation, leucorrhea, bachache, irritable bladder, vaginitis and pruritis, etc. These cases generally try every physician in reach before going under the knife. Many of them have too much flow at the monthly periods and grow very pale and weak; others have none and in this latter class I place the virgins who have never menstruated and who have green sickness, (chlorosis) as it is called.

I have run the whole gamut in therapeutics without uniform success until lately. For years I did not examine those cases carefully, but gave them tonics and washes and many failures are recorded in my case book in consequence. After trials and tribulations I began to examine into these cases more closely to find invariably, thickening of the mucous membranes and peritoneal coverings, enlargement, often hard, sometimes soft and flabby. The idea occurred to me that if the affected structures could be reduced to their normal size in these cases, the sluggish circulation be restored and the general health improved that the treatment would be more satisfactory. According to this reasoning I administered Iodia in teaspoonful doses three times a day. This is a combination of the very best alterative drugs known and gives uniform and satisfactory results in the cases of which I am considering. To conserve time I will cite a case. A young lady twenty-seven years old had been treated seven years by a good physician. In May she took her bed each year as the warm weather approached and remained there four months, taking treatment daily. Being a new physician I was called, and I at once saw that I would have to do something new or I would not be retained. I found the girl weak, nervous, constipated with painful periods. The flow was very scant, as she had not stained two cloths per period for two years. I prescribed Iodia in teaspoonful doses three times daily, and the next time for her period, about three weeks after I saw her, she flowed so freely that her parents became alarmed and sent for me. I had her discontinue the treatment until fifteen days before the next time. This she did and the next time she suffered no pain whatever. The leucorrhea grew less and less, and backache ceased altogether. A few months of this treatment arrested all her troubles. I then made a change as follows:

Iodia .....oz. 1.
Comp. Tr. Gentian.....oz. 5.
M. Sig: Teaspoonful t. i. d. for fifteen days before the expected period.

This woman grew gradually better and in one year she was entirely well and weighed one hundred and sixty pounds. She has no pain, eats heartily and enjoys life.

Another case in the person of a country girl nineteen years old, very fleshy, pale, nervous, constipated, "had never seen anything," her mind was unbalanced and she had epilepsy in a mild form. I gave her Iodia in teaspoonful doses three times a day. She took it one month and returned to my office with no change except a a clear head and a disposition to be hopeful. Another month rolled by and she returned with her mother

A Dietetic Adjunct.

Cod-liver oil is a powerful addition to the anti-rhachitical diet. The favorable action of cod-liver oil upon tuberculosis is dependent upon its fat which serves as a food to the system.

ABRAHAM JACOBI, M.D.,

Clin. Prof. of Diseases of Children in the Coll. of Phys. and Surg., N. Y.

Infancy and childhood tax the resources of the most skilled therapeutist. Perversity of disposition, immaturity of body, and consequent undeveloped powers of functional activity, combine to thwart the efforts of even the best practitioners. It is a delightful occupation of the physician to advise the giving of cod-liver oil to the infant, but the charm of the prescription is lost when the mother attempts to perform the duty. We cannot conscientiously sacrifice remedial benefit to obtain palatable medication. But when the profession has been supplied with a cod-liver oil representing not only a specifically valuable food in a state of predigestion, but also a food the naturally disgusting properties of which have been rendered almost delectable, there is no reason why patients should be deprived of enjoying its advantages. Such a preparation we take pleasure in presenting under the name of "HYDROLEINE."

Formula of HYDROLEINE:

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PURE NORWEGIAN COD-LIVER OIL - -	80 m.
DISTILLED WATER - - - - - - - -	35 m.
PURE PANCREATIN - - - - - - - -	5 gr.
SODA BICARBONATE - - - - - - - -	1-3 gr.
SALICYLIC ACID - - - - - - - -	1-4 gr.

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and reported that she had been sick, and her mother stated that it was quite enough too. These cases put me to thinking and experimenting. I have treated a number of such patients since with Iodia and every one got well. The first time I ever knew that it would affect females thus, was when I treated a girl about sixteen years old for enlarged cervical glands. Her mother told me that every time she began to take her physic she would begin to flow and continue to grow worse and worse until she had to stop it. I took this to be an idiosyncrasy, but it was not so, however. Iodia proved to be a specific emmenagogue. I have reduced some of the worst cases of uterine enlargement I ever saw, by the use of this preparation alone, and removed all the symptoms accompanying it. I never think of such a thing as using curettes in these cases. Never use an instrument except in cases of a laceration, and as soon as well of the operation I put them on Iodia. But for the lack of space I could cite many cases treated successfully with Iodia. I have a case now on hand, a young woman twenty-one years old, weighs one hundred and ninety pounds, apparently healthy, mind badly affected, constipated, hysterical at times, dreads to be alone and suffers continually with palpitation of the heart. She had never as much as stained one napkin in her life. I gave her Iodia one month and she menstruated staining seven napkins. Continuing this treatment for three months she was placed on the Iodia and Comp. Tr. Gentian and directed to take it as above. She is now well, comparatively, being transformed from a listless, quiet, shrinking creature to a lively, cheerful, bright girl. The drugs entering into the formula of Iodia, we all know, stimulate the glands to increased activity, and the ovaries partaking of a glandular nature are influenced by its administration. The glands in the mucosa of the uterus, as well as the multitude of pelvic glands, are influenced. A peculiar quality of an alterative is to carry off adventitious tissue. The whole system is benefited by its use in cases where retarded menstrual flow is the trouble, for it relieves the whole system of its accumulation which should go off monthly. In cases of fibrinous induration Iodia is the remedy par excellence, and why it has never been administered before is a surprise to me. It is more active in my hands than iodide of potash, and does not retard digestion as potash, but invariably increases the appetite.

I never use the curette in any case. I have seen it used time and again, but I never witnessed the permanent results that follow the prolonged use of Iodia. The knife and curette can not unload the system of its retained menses.

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Believe me, yours respectfully,
G. MICHON, M. D.

The Martin H. Smith Co. will supply samples and literature of this valuable preparation to all physicians requiring the same. See their adv.

Just Now it is a matter of common observation that many cases of bronchitis will persist in spite of the continued, varied and judicious use of expectorants. "The cough," says one prominent physician, "hangs on, harasses the patient with its frequency and severity, and is exceedingly liable to recur every winter—to become a regular 'winter cough'—with its sequelæ of emphysema, asthma and, ultimately, dilatation of the right heart."

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CAN BE PREVENTED.

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THE CAROLINA

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EDITORIAL.

MEETING OF THE NORTH CAROLINA MEDICAL EXAMINING BOARD.

The Board of Medical Examiners of North Carolina, will meet on Thursday, May 16th, at 2 P. M., in Durham, and all candidates for license are expected to be present at that hour. Each applicant must exhibit a diploma from a first-grade medical college and certificate of good moral character.

The North Carolina Medical Society will meet in Durham, on Tuesday, May 21st., and we hope every member will put a ×-mark on this date in the calendar and make every effort to be present. Aside from the fact that the State Society as a body is doing great good the busy doctor owes it to himself to take a few days away from the grind of his work and enjoy a brush-up-against his professional brethren.

Dr. A. G. Carr is chairman of the Local Committee of Arrangements and this means that nothing will be lacking,so far as Durham is concerned, to insure a successful meeting. Durham has ample hotel accommodation and the thriving city is centrally located. The railroads will offer the usual reduced rates.

RESPECTING THE MANAGEMENT OF THE INSANE HOSPITALS.

The recent death of Dr. George L. Kirby, superintendent of the Central Hospital for the Insane, located at Raleigh, necessitated the selection of a new superintendent. Immediately the board of directors began to recrive ceive applications for theposition from physicians in the State and out of it,

and members of the profession were besieged by applicants seeking endorsement to be presented to the board of directors. There were no less than sixteen applicants for the office, but the choice of the board, after three ballots, fell upon Dr. James McKee, of Raleigh. The new superintendent is one of the most conspicuous and able members of the profession of the State. He possesses much affability of manner coupled with great firmness of charcter, and is naturally, we think, well fitted to fill the office to which he has been elected. He is a man of learning and sound judgment, is conscientious and honest, and will use every means known to him to promote the welfare of the patients over whom he has been placed.

But while in this case, the new superintendent's brightness of intellect, honesty of purpose, and energy will doubtless soon supply the peculiar qualifications that should be possessed by a man in charge of an institution for the insane, we think the custom of selecting a superintendent who has had no special training in in this branch should be abolished. The treatment of the insane is undoubtedly a specialty in medicine, in which a man cannot become efficient save through the school of experience. The management of an institution calling for the annual expenditure of near an hundred thousand dollars, might also be called a specialty, demanding for its proper performance qualifications that can be attained only through that school of experience. It is not economy for a man to begin at the top. It is not becoming for one in control to ask advice from his assistants to whom he is supposed to be superior in knowledge—not general knowledge, though that were better also, but the special knowledge concerned in the business of which he is in control. The State now requires of a man who would become even a general practitioner, to whom patients will come at their own volition, that he shall have had clinical experience as well as theoretical training. How much more necessary is this requirement in one who seeks to be placed at the head of an institution where a specially obscure disease is to be treated, and where the patients or their friends are not consulted as to who shall treat them. We believe the interests of the taxpayers as well as the welfare of the patients would be promoted by appointing to the management of our insane hospitals only such men as have served an apprenticeship in the capacity of assistant in some institution of the same kind, preference being given to the assistants in hospitals in this State, other things being equal, but the welfare of the patients to be the first consideration. There might be a rule for promotion after examination by seniority in service, assistants from all hospitals in the State being eligible when a vacaney occurs in the management of any one. Some such hope of advancement should be held out to physicians spending long terms as assistants. Assistants should be selected by competitive examination from general practitioners of the State who have been in practice not less than five years. There should be no power to remove a man from office during good behavior and efficient service. R. D. J.

REPORT OF THE STATE HOSPITAL.

We have in hand the report of the State Hospital, at Morganton, for the past two years. Feeling that our readers as physicians, and especially those who are citizens of this State, will be interested in all that pertains to this noble institution, we desire briefly to review the report of the efficient superintendent, Dr. P. L.

Murphy, who has just completed his third six-year term of office. He takes occasion to note the changes that have taken place during the eighteen years of his superintendency. At the time he took charge of the hospital it was an unfinished, poorly equipped building with no out houses, no land ready for tilling and no adornment of the grounds It has been furnished and equipped, barn, stables, store-house and other out houses erected, the grounds beautified, the land reclaimed and enriched, while the yearly population has grown from 181 to 886. During this time 2,673 cases of insanity have been treated, of which 1,152 are reported as restored, while 446 have died. The report shows 60.6 per cent. of recoveries for 1899, and 64 per cent. for 1900; the death rate being 3.49 and 3.28 respectively. There were 257 admissions during the two years, but there were applications for 292 more who could not be taken—over 50 per cent turned away for lack of room. It is estimated that there are 500 insane people in the Western Hospital district who urgently need care in the institution. Besides this, no less than 100 become insane each year. These are the acute curable cases, for whom there should always be room. These have to be kept for the most part in the jails and poor-houses of the State. Anyone who has served as a physician to these institutions knows how little chance these have for improvement. There is urgently needed, the report says, besides the buildings already in the course of erection, others to accomodate as many as 400 persons, and even then there would still be a deficiency. The estimated cost for these 400 additional patients is $60 per capita per annum, a very moderate sum, and less than it cost the counties.

There seems some probability that the present Legislature will make a more liberal appropriation for all the hospitals for the insane, but the full amount asked for, $100,000 for annual maintenance, $20,000 for deficiency and $150,000 for additional buildings, will hardly be obtained, simply because the money is not in sight, and not that the cause has not the full sympathy of the Legislature. R. D. J.

THE IMPORTANCE OF TEETHING.

To the mind of the average mother "teething" constitutes the sum and substance of all the ills of infancy and childhood—all diseases from enuresis to entero-colitis are the results thereof.

On the other hand the "fin de siecle" members of our own profession swing to the opposite extreme and claim that teething "per se" is a process utterly devoid of danger. Comby, of Paris—20th Century Practice, Vol. XII—does not think that dentition of itself can cause trouble, while Blackader, in Progressive Medicine, ignores this subject entirely.

These men state that dentition is a physiological process, and as such, cannot cause pathological conditions.

By the same token labor, which is a physiological process, should not cause any inconvenience—and, indeed, in the perfectly healthy children of nature this seems to be the case.

The Indian woman steps aside, has her babe, and presently resumes her occupation as if nothing had happened. We can quite imagine the *enceinte* Indian hostess saying to her chance visitor, "Excuse me a moment, my dear Mrs. Woman-who-is-afraid-of-her-husband, while I step out and have a papoose."

Still we cannot conduct our obstetrical practice on the above lines, neither can we expect the average baby to be built on the perfect plan and suitably nourished.

That in the healthy, breast-fed product of sound parents, dentition is

often a perfectly normal and easy process we are perfectly willing to concede, but in the incubated, bottle-fed, Pasteurized and sterilized artificial specimen of humanity conditions are decidedly different and the frequent association of intestinal and other troubles with dentition is certainly more than a coincident. In an excellent editorial on this subject in The Philadelphia Medical Journal of February 2nd, the writer takes the safe middle ground and even sees the value of lancing the gums in certain cases—a procedure which advanced pediatricists regard with holy horror.

Meanwhile, though we want to be up to date, we cannot afford to neglect the gums when baby feels sick.

F. J. C.

MARALIA.

It is not unreasonable to hope that the investigations now under way, and which have recently received such an impetus from the discovery of the role played by insects in the spread of malaria, will before long result in the practical banishment of this scourge from many otherwise healthful parts of the world. It is said that the Italian government will appropriate a sum of money to be offered as prizes for successful investigation and to defray the expenses of a vigorous campaign against malaria. The authorities are also on the point of enacting a law requiring all employers of labor in malarial regions to provide suitable accommodations for their employees, in accordance with the present state of our knowledge on this subject. The elimination of malaria from even the temperate zones would be an achievement of science second to none, while the discovery of a means of prevention, safe and practical would open up vast regions of the earth's surface hitherto shut against the white man. Perhaps nothing else, unless it be the annihilation of the tubercle bacillus, would favorable effect so many people and so large a portion of the globe.

THE SILVER LINING TO A VERY DARK CLOUD.

An investigative genius somewhere has made the discovery that the fumes of sulphur are peculiarly obnoxious to the mosquito. This will undoubtedly prove very gratifying news to some of us who are uncertain as to our abode after we have shuffled off this mortal coil; for now-a-days the mosquito has so many sins saddled upon him that he isn't considered desirable company anywhere, and there is much consolation in the reflection that in the sulphurous clime, which may be our future habitation, we will be free from malarial fever, yellow fever, elephantiasis and other mosquito borne diseases—to say nothing of the pestiferous insect itself.

F. J. C.

TYPHOID ELRIN.

Too much attention cannot be called to the comparatively recent knowledge that the urine of typhoid fever patients in a considerable number of cases, some say 25 per cent., contain the bacillus of Eberth in in great quantities. For obvious reasons the danger of personal contamination or infection of food and drink is more liable to result from the urine than fecal matter, as the ordinary individual is much more apt to adopt precautions in disposing of the latter than the former. Fortunately the bacilli do not often appear in the urine much before the third week, but on the other hand may persist long after the patient is convalescent. Urotropin which has achieved considerable reputation in infections of the bladder is said to

be remarkably effacacious in these cases, the urine becoming rapidly clear and sterile.

QUEEN VICTORIA AND CHLOROFORM.

The death of Queen Victoria has had the effect of reviving many anecdotes and incidents illustrative of her character. One that has been freely commented upon in the Medical Press, exhibits her good sense and incidentally her confidence in her medical adviser. In one of her confinements, about the year 1853, a very few years after choroform was first proposed and used for the purpose of surgical anaesthesia, her medical attendant suggested the use of the new anaesthetic, intimating that her Majesty's example in this respect would do much to counteract the increasing prejudice existing in the public mind against its employment in this class of cases. The Queen's consent to the administration of chloroform caused wide comment and did much to popularize the drug. The unfailing nerve exhibited by her medical attendants who shouldered the great responsibility, is well shown by a remark of the Lancet, (then recognized as the highest authority in the world) in connection with the use of chloroform in labor—"In no case could it be justifiable to administer chloroform in a perfectly ordinary labor.

BARBER SHOP, ASEPSIS.

A distinguished medical speaker lately said that the tendency of the times is meddling with other people's business, and so it is not surprising that as the knowledge of the ubiquitous and death dealing germ has gradually percolated through the medical profession to the public, the tonsoreal artist, who has so long flourished in blissful ignorance of the dangers which lurked unseen in the various implements of his craft, should be one of the first to feel the first effects of this enlightenment upon the part of his patrons. It is well known that several large cities and even smaller towns in this country and in Europe have enacted a Barber's act. Certainly when one thinks of it, the wonder grows that there are not more victims of the barber's chair. Since it is hardly in the province of the barber to inquire into the health of his patrons, and indeed such inquiry, if made, would be strongly resented, any person of respectable appearance who presents himself in the better class of shops, receives prompt attention—syphilitic as well as healthy. It is therefore manifestly impractical to attempt to safe-guard the public by an examination or selection of customers, but it is neither impractical nor burdensome that the ordinary precautions of cleanliness be taken—that the scissors, clippers, razors, &c., be sterilized by placing them in boiling water after being used, thus doing away with the greatest danger of infection. Instances of this infection while not as frequent as might be supposed are of sufficient frequency to be a considerable menace to the public. Dermatologists are of the opinion that many forms of alopecia are contagious. What more likely place for contracting a premature baldness than in the barber's chair? We have but recently treated a case of chancre on the cheek which, originally an insignificant pimple, was infected by the hands or tools of a barber. A few such instances are sufficient to render a man as far as possible his own barber. The remedy for this danger is so simple, however, that there is little excuse for its continued existence. R. L. G.

It is stated that 40,000 deaths from cancer occur in Germany yearly. Prof. Czerney states that 75 per cent. of the known cases are inoperable.

The Carolina Medical Journal.

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ORIGINAL COMMUNICATIONS.

General Remarks On a New Method of Treatment.

By I. H. GARDNER, A. M., M. D., Baltimore, Md.

This is the age of minuatre, of details, and of exact, thorough, scientific examination into the fundamental principles of things. We wish to know, and to know certainly the best, and experience has taught us that this is to be found in simplicity; indeed, we often fail becanse the thing sought for is so plain. Older physicians were exultant over the results obtained by chaldron draughts from an overflowing bowl; moreover, it was sometimes considered that the very dregs must be drunk, and that in them lay special virtue. A few drugs in their crudest states constituted a mystic panacea for all aches and pains, or the spirits were not favorably disposed to interfere in the work of destruction.

What a change has come over us since in our boyhood days we took the now forgotten dose of vermifuge. Modern medicines are nearly all pleasant or may be made so. We have eliminated the objectionable features and undesired effects by removing certain constituents present in crude drugs and by using the active principles in convenient and palatable forms or combinations. The doses are small, and their effects more rapid and curative. The often undesirable irritant properties and inert material are avoided. Medicines may now be absorbed without entering the stomach, or without interfering with the digestion if they do.

The importance of maintaining the nutrition of the body in all debilitating conditions can be readily understood, especially in phthisis and all chronic wasting diseases. The weakening effects of certain symptoms, such as pains or a harassing cough, especially if they interfere with sleep and depress the mind, must be very deletereous. Any remedy, therefore, which will soothe or arrest, if not cure, without impairing the repairative process of nature, is a long sought for desideratum. No matter how efficient such a remedy may be

in this direction, however, if it arrests the secretions or excretions, especially causing constipation, or diminishing the elimination of urine, injurious consequences must follow, adding to the harm already done by the disease, putting extra work upon the weakened lungs, embarrassing the laboring heart, and poisoning the system with effete material.

Opium has many bad features as well as good ones, but it has been discovered that the undesirable effects may be prevented by the use of heroin, one of its synthetic derivatives. In pulmonary troubles it has proved of especial service in connection with some other remedies as terpin hydrate; muriate of ammonia, etc. If there is any tendency to gastric disturbance the hydrochloride of heroin is to be preferred; its free solubility in water is another advantage, if it is desirable to administer the drug in solution either per os or subcutaneously. Smokers, drinkers, and others affected by chronic conditions of irritation of the respiratory mucous membranes, will be greatly relieved by heroin hydrochlorate in combination with terpin hydrate, ammonium chloride, and camphor. In cases in which there is a uric acid diathesis it may be necessary to give first a laxative, preferably a saline, followed in two hours time by heroin hydrochloride in small doses, about $\frac{1}{24}$ to $\frac{1}{12}$ grain.

Patients who have had syphilis which has been systematically treated for several years and are apparently if not absolutely cured of this disease, are very susceptible to colds, bronchitis, neuralgia, etc, and I have frequently stopped the hacking cough by using heroin hydrochloride, with terpin hydrate and thus relieved them from what they dreaded as the beginning of consumption. Moreover they slept well, and soon the pains in the chest and headache vanished.

I have found this preparation valuable also in the congestive coughs of suppressed menstruation and sexual reflex derangements. Hysteria is seldom without some foundation in fact, and neuroses of a functional character are much benefitted by heroin in combination with neurotic remedies. As nervous persons are so susceptible to habits of all sorts, it is advisable not to produce a drug habit, such as commonly results from the use of morphine or opium, so very frequently administered in these cases, and often with disastrous results. There is not the danger in using the drug under consideration. New remedies if tried and fonnd good should be used not only for their beneficial therapeutic effects, but also for their moral ones.

Heroin hydrochloride and its combinations have been very successfully tried and not found wanting by so many capable of judging of their real value, that they may be said to be beyond the experimental stage, and to have become a part of our daily therapeutic armamentarium. I will refrain from detailing the histories of cases in which I have employed heroin hydrochloride, generally with decided success, and very seldom without some benefit, as each case must be individually treated, not the disease per se. Various are the causes of pain, cough, or interference with respiration, heroin alone or in combination will rarely disappoint if properly administered, and it is almost always to be preferred to morphine. It will accomplish the desired effects of morphia in respiratory diseases, and in neurosis relieve pain, arrest spasm, and give rest to the patient, without injury if the dose be regulated according to age, idiosyncrasy, and the indications of the case. Of course, there remain cases, however, in which morphia cannot be supplanted by any other remedy thus far introduced into the materia medica.

The Treatment of Gastric Ulcer.

By CHARLES W. McINTYRE, M. D., New Albany, Ind.

There is probably no affection that tends more to make life a burden or to fill it with pain than ulcer of the stomach. It is associated with hemorrhages from the stomach and with nausea, vomiting and other most distressing and exhausting symptoms.

It is also attended with a great deal of pain—especially is this true when the stomach is empty.

To control the pain which is often almost insufferable, no remedy will answer so satisfactorially as morphine. I give the patient a hypodermic of morphine as often as it is necessary to keep the pain in subjection.

As to remedies which tend to produce healing in the ulcer I feel sure that subnitrate of bismuth will accomplish results of a satisfactory character. I have notes on a great many cases of this character, and I believe that bismuth given in proper dosage and conjoined with intelligent regard for diet will bring to resolution the greatest number of these cases. Of course if the patient disobeys our instructions and eats any solid food or any other food which would tend to irritate the ulcer we cannot hope for good results. I have the patient take subnitrate of bismuth in doses of ten grains every three hours. This not only favorably acts on the ulcer bnt tends to counteract the nausea.

This is the only remedy I have found effective and I confine myself to it.

The diet is very important, I may say also that unless our patient pays strict attention to diet we cannot expect to get good results from treatment. We can look for hemorrhage, or pain and vomiting when the patient takes food.

I confine myself in the treatment of gastric ulcer to rectal feeding. The only exception I make to this is giving Burnham's Clam Bouillon. This I allow the patient to drink very often, every two or three hours. I have it mixed with cracked ice and the patient takes a wine glassful. This is a substantial food and it is very grateful to the stomach and lessens the burning desire for food, and at the same time it lessens the pain which appears when the stomach is empty. This food does not irritate the ulcer.

The patient with gastric ulcer must observe the same principles requiring keeping the bed which typhoid fever patients observe. In fact if the patient is active or gets out of bed he will suffer great prostration and heart failure will be the result very often. Rectal feeding is indispensable, as has been already said.

Treated on the principles here brought out I have brought to recovery a great many cases of gastric ulcer, and have come to regard it as the most fitting treatment of the disease.

A lady, aged thirty-five, was seized with vomiting and hemorrhage which had persisted for four days prior to having been called to see her.

I put her at once on bismuth, allowed her to have a wine glassful of Burnham's Clam Bouillon every three hours and to take all other nourishment by the rectum.

This patient followed directions closely and made a complete recovery.

A man who had been for some time a hard drinker began to vomit and with some blood in the mucus. He was given the same treatment as the above patient and made a recovery which occupied fifteen days.

He would have recovered sooner had he not listened to the advice of a meddlesome friend and eaten some highly seasoned soup, which of course opened up the ulcer to some extent.

A man, aged fifty, was taken very suddenly ill of vomiting and hemorrhage. He was suffering the greatest pain, and was almost delirious when I arrived.

On the treatment here advocated this patient got along well and was dismissed, cured, in two weeks from the time the treatment was begun.

Pathology of the Liver.*

By M. D. Hoge, Jr., M. D , Richmond, Va.
Professor of Histology, Pathology, Etc., University College of Medicine.

That part of the subject which has been assigned me to-night for discussion, is of such an extensive and important a nature, that to undertake to speak even briefly upon each head would tax your time and patience too far, therefore, I have thought, if your attention was directed to some of the most prominent, and at the same time, most common affections of the liver, the time would be better spent.

That the liver should be a favorite and frequent location for parasites will be at once plain when we consider the fact, that it, like that other important organ, the lung, has a double blood supply.

Entrance of organisms may be effected in three ways: (1) Through the systemic blood supply by means of the hepatic artery; (2) From the portal vein which derives its blood from the branches coming from the stomach and intestines mainly; (3) From the common bile duct also communicating with the intestinal tract.

The *amœba coli* are associated with disentery and hepatic abscess. *Echinococci* may occur anywhere, but over forty-five per cent. of the cysts are found in the liver.

A form of *sporozoa*, the *coccidia*, form small yellowish nodules, which later become cystic in character, growing mainly from the bile ducts. *Thyphoid baccili* may remain for a long time in the gall bladder, and are possibly the cause of relapses from this disease. It is stated that the bacilli have been found in the gall-bladder of a patient operated on for gall-stones, ten years after having had a case of fever.

It may be safely said that whatever form of abscess is met with in the liver, it is due to micro-organism.

When an injury has been received over the liver, pyogenic bacteria in the blood may lead to abscess formation. Cysts suppurate at times from trifling injuries. Traumatic abscesses are single; pyæmic abscesses are usually multiple and due to some putrifactive sourse of infection in the tract from which the portal blood comes, as ulcer of the stomach or intestines, septic diseases of the pelvic organs or phlebitis, due to calculus in the portal vein. Such abscesses are usually small and multiple in number, the walls are rough and ragged, and the surrounding liver tissue sodden with leucocytes and pus.

The form of suppuration known as tropical abscess is usually 75% single and is situated deep down in the right liver lobe, showing no trace of a definite wall. The disease is usually associated with disentery due to amœba.

Cholangitis may be acute, chronic or suppurative. The acute form is generally secondary to duodenitis, but may also result from gall-stones, foreign bodies, parasites (hydatids) or bacteria. The mucous membrane of the bile ducts is swollen and secretes abundant mucus. If the duct becomes obstructed there is retention of bile and jaundice. The chronic form may follow an acute attack. It leads to a constant and permanent overfilling of the bile ducts and is accompanied by obstruc-

* Read before the Richmond Academy of Medicine and Surgery, March 12th, 1901.

tive jaundice. The disease continues for a long time, it leads to a form of fibrosis, known as *biliary cirrhosis.*

Cholecystitis may result from cholangitis, or be due to the presence of gall stones in the bladder. It is sometimes associated with pyæmia, pneumonia and typhoid fever. The colon, typhoid and the pyogenic organisms are frequently found. When it assumes a purulent character, empyema of the gall-bladder results. Peritonitis sometimes occurs without rupture or the discharge of pus may take place into the abdominal cavity or adjoining viscera.

When we recall the fact that the hepatic vein after deriving its blood from the intralobular or central veins, which in turn are fed by the intralobular branches of the portal vein empties into the vena cave inferior, we can well understand how congestion of the liver is produced mechanically by anything interfering with the flow of blood to the right heart. Under this head may be mentioned valvular disease, especially that of the mitral valve, pulmonary disease or compression of the upper part of the vena cave. In fact sluggish hepatic circulation may be one of the first symptoms of a failing heart. Owing to the damming back of the blood, the liver is enlarged, assumes a much darker color and generally there is jaundice; the latter is probably due to compression of the smaller bile-ducts. the bile at the same time becoming thicker does not so easily flow in the ducts.

The centre of the lobule is of a deep red coler and the capillaries engorged with blood; external to this in the intermediate zone, there is a brownish yellow color due to bile staining, while the peripheral zone is pale and fatty looking, the fatty degeneration being due to poor circulation and deficient oxydation. This characteristic appearance of the lobule has given rise to the term *nutmeg liver* which so well describes it.

What might be called the opposite condition to the one just described is cirrhosis. Here, owing to the slow but sure extension and growth of connective tissue, there is really a contraction and induration of the liver. Among the primary causes are alcohol, overeating, a sedentary life, and the gouty diathesis. As to secondary causes, they are syphilis, malaria, tuberculosis and bacteria entering the portal circulation from the intestines.

The common or coarse cirrhosis, is recognized as that in which the growth of connective tissue accompanies the medium sized and finer branches of the portal vein. This form is constantly associated with ascites, when the abdominal cavity may contain from two to four gallons of fluid.

In some of the very chronic cases the blood finds a short route from the portal vein to the vena cava inferior. The short circuit may take place by anastomosis, first: through the enlarged gastric and œsophogeal veins; second, the veins of the round ligament; third the veins of the suspensory ligament; fourth, the inferior hæmorrhoidal veins; fifth, the veins of Retzius.

In cirrhosis, it happens that the irritant is conveyed by means of the hepatic artery, in which case the microscopic changes show a much finer cirrhosis than the former. Finally a form of biliary cirrhosis is also recognized, in which the liver, while indurated, is not smaller but somewhat larger than normal, due to congestion and retention of bile. Here, owing to the irritant being conveyed by the bile ducts, the connective tissue overgrowth accompanies them, leading to compression of the liver cells and in course of time, by means of pressure atrophy, their death. The liver, shows on a cut surface an intensely yellowish-

green color due to bile staining. Jaundice is characteristic of this condition and shows great persistance and stubbornness.

Under the head of *degenerations*, might be mentioned the most common, the *fatty form*. As to the cause they are anæmia, the result of infectuous diseases or of intoxicants. This is a chemical process taking place in the cell itself, which at once distinguishes it from fatty infiltration when the fat is brought from a distance and is deposited in or infiltrates the cells. The cells of the outer or periphral zone first show large deposits of fat, which after a time break up into a fine granular detritus which by absorption leads to an actual diminuation of the size of the organ.

Amyloid degeneration is a deposit of lardacein in central or intermediate zone of the lobule. It occurs as a consequence of syphilis, tuberculosis, long standing suppurations or cachexia. It begins in the walls of the smallest arterioles and capillary branches of the hepatic artery which present a thickened and translucent appearance. As the swelling increases the liver cells are affected by the pressure and this is manifested by atrophy and fatty degeneration. At times, in advanced cases the veins show the same changes. The liver cells are only secondarily affected.

As to *tumors* of the liver, *angioma* is most frequently met with in the human subject, but in cat's livers, it is a common occurrance. *Carcinomas* are generally secondary to primary tumors occurring in the breast, alimentary canal or uterus.

The pathology of the formation of gall-stones is at present imperfectly understood. Advanced years, the female sex, sedentary life and high living are all factors of importance. Inflammatory conditions with obstructions to the outflow of bile, desquamation of epithelium and bacterial decomposition of bile seem to be among the causes.

Gall-stones may be single or multiple, the gall-bladder occasionally containing several hundred. They vary in size srom minute granular particles to calculi several centimeters in diameter. *Biliary sand* is composed of bile pigments with celcium salts; the larger stones have a mucous or epithelial mucleus, mixed with inspissated bile, surrounded by a crystalline structure composed of cholesterine. Gall-stones may lie in the bladder or ducts for a long time without giving trouble, or attacks of biliary colic may denote their passage. They may give rise to obstruction of any of the ducts (dilation and inflammation) or cause enlargement or cirrhosis of the liver. Ulceration into the abdominal cavity or some viscera with delivery of the stone occasionally occurs.

The Use of Bromides In Hysteria. Delerium, Etc.

By J. S. Murphy, M. D. Sullivan, Ind.

Considerable has been written on this subject which has all the respectibility of ancient lineage. And like most other obscure things, has received no stint of authorative attention.

The ætiology of hysteria has never been satsfactorily explained. For a long time it was thought to be in some way related to uterine disturbances. But while it is not denied that sexual disorders may have a bearing on the primal cause of the phenomena, still it is also claimed that the ailment attacks both sexes. We have progressed not further than this.

The treatment at best has been attended in most cases with disappointing results. We are confronted with a "loss of due balance between certain of the high functions of the brain, spinal chord and sympathetic

system." The treatment obviously should be, then, to restore this balance Rest is a very essential feature. By rest is meant *restraint* of overaction of certain of the spinal nerve centers.

My experience has taught me that nothing gives better results than the combined bromides; and these should be of the very purest obtainable. For this reason I have availed my professional self of Peacock's, not only for their purity—freedom from bromates and carbonates so common to the commercial bromides—but on account of their ideal synergic effects and the fact that they are neutral in their reaction, which permits of combining certain alkaloids in the solution without fear or danger of precipitation.

In various forms of neurosis I have found Peacock's Bromides invaluable as an all-around agency of alleviation and cure. They have never disappointed me. In obstinate cases of epilepsy, where the treatment is necessarily protracted, I find them particularly useful in that their administration is not followed by the too common symptoms of bromism. And I would specially urge their utility in instances of delirium following alcoholic excesses.

Anything that conserves the vital forces, that does not depress any vital organ, as for example, the cardiac centre, anything that gives the rest of normal sleep when repair is greater than waste, anything that tends to restore the nervous equilibrium,soothing the exciting centres, whatever and wherever they may be, must benefit the entire organism when each separate organ, then, of course, will receive its needful quota of help. And since local treatment is out of the question, I cannot conceive of better procedure, or one more infallible to the successful management of hysterical cases.

Some Practical Suggestions in Therapy, the Result of Personal Observation.*

By B. M. Baker, M. D , Norfolk, Va., Visiting Surgeon to St. Vincent's Hospital.

By way of explanation, I wish to say, before going regularly into my subject chosen, that I am often impressed with the fact that we medical men do not use to the best advantage the agents we have at hand; we fail to get the results oftentimes from our therapeutic agents, because of our lack of ability to adapt the agent in the proper way, time, or dose to the existing pathological condition presented. How often I have had medical men say to me that they have a patient with so and so, and that they have tried everything known for the disease without success, when in reality they have failed to use to the best advantage the first drug they thought of, and which, if used in the right way, would have at once put an end to the progress of the disease. Now, mind you, sick folks want something besides a dose of medicine, but I cannot go into this matter now. The purpose of this paper is to suggest to others the mode of handling some of our therapeutic agents to advantage in certain diseased conditions, and to keep some of my friends from seeking aid from among the many compounds sent to us by manufacturing chemists, when generally they have a far more efficacious remedy among the standard and long tried agents to be found in the Pharmacopea, and kept by all well equipped drug houses who fill prescriptions.

OIL OF GAULTHERIA OR WINTERGREEN IN THE TREATMENT OF GONORRHŒRAL RHEUMATISM.

I have chosen this subject first to speak of because of the very meagre

*Read before the Norfolk Medical Society at its meeting in February, 1901.

literature there has been written about it, and because of the many errors in the mode of administering it, which they would lead you into, and also because of the great number of people (doctors) who have said to me that nothing helps gonorrheal rheumatism but curing the gonorrhea, or else if they have tried the preparation in this disease, they say that they got no effect whatever from its use. Now, I have used it in many cases, and I am sure I am safe in saying that I have the first case to treat which has not been perfectly relieved by the internal and local effect of the drug. I have never read a book on this subject out of which one might get the slightest help. You say, stop the urethritis, and I answer, yes, but that cannot be always done in a short while, and in the meantime, your patient with gonorrheral rheumatism can get seriously ill; yea, I think I can safely say die, for surely, two of my cases were nigh unto death before I could get them fully under the influence of this drug. Yes, cure gonorrhea as fast as you can, but don't wait to cure it before beginning to fight the gonorrhœral arthritis which is a serious matter. If you were to follow the advice laid down by these medical writers, who do suggest the use of this remedy in gonorrheral rheumatism, and give your patient five or ten drops three or four times a day, you would certainly come to the same conclusion that so many have done, that 'tis worthless and then (as many of them have also done) try something else.

But, if you see your patient often enough to safely do so, and gradully increase the dose until you saturate the whole system with it, you will, I feel sure, see the symptoms gradually but steadily subside, and what at first and without the use of oil ot wintergreen seemed a hopeless task, now es a very easy one. Give the remedy in milk, (hot or cold as the patient likes it best) and give enough to produce a decided effect, 40, or even 50 drops every four hours, and with this amonnt, you will have your patient eliminating it through every avenue, and the poor fellow will smell like it, as your nostrils will detect, as soon as you enter the room.

I have never seen any harm from these large doses, but it is very easy to guard against any possible poisoning effects of the drug by gradually increasing the dose, and stopping as soon as you find present any of the symptoms of salicylic intoxication.

I generally begin my patient with fifteen or twenty drops in a half tumbler of milk every four hours day and night and increase by five drops every second day until I have gotten the physiological effects of the drug and see a cessation to some degree of the pain and a lowering of the temperature.

I will give you a brief report of a few of my patients treated in this manner, and I can truthfully say that as yet, I have never failed in a very short while, (three or four weeks) to cure these cases. In some of them I was so situated that I could not properly treat the urethritis, but even these got the greatest help from taking the drug while away from me, and one of them especially, I remember having seen him several months afterwards, when he looked so much improved I hardly knew him.

First. Mr. X, native of Scotland, man 35 or 37 years old, thin and very delicate in appearance, and he *was* very frail. He came to me with acute gonorrhea March 7th, 1896, and after about three weeks he was practically well, but at the end of another week he returned to tell me that he had had a return of the discharge, and what was worse, he was suffering with rheumatism in one of

his knees. The knee swelled very rapidly and he had high fever with chills and sweats, excruciating pain, rapid and feeble pulse and marked prostration. The man was so ill that really I was afraid he would die, but I immobilized the leg, blistered, poulticed and applied local applications of preparation of salicylic acid, etc.; but, this was not all; I gave him promptly the oil of wintergreen in increasing doses; increased it very gradually, fearing it might start him to vomiting, and although at first the treatment seemed to avail very little, still, after awhile (at the end of ten days) he began to improve, and the improvement was steady until he sailed for England three weeks later. He tells me later that he continued the use of the wintergreen until he was free from all pain, swelling, fever, etc.

Second. Mr. Y., a man of about 38 or 40 years old, strong and vigorous. Gave history of attack of urethritis some eight or ten months before I saw him, was never cured, and now is contented not to be really suffering pain. Sent for me to see him at his hotel, suffering severe pain in one knee; suffered so much that he was confined continually to his bed. Upon seeing him, I at once questioned him as to his past urethral troubles, and being told that he had a slight discharge, I examined the urethra and found it impossible to pass anything into the bladder. I hurried him off to the hospital and then opened up the canal fully, so that I could pass 32 or 34 F. sounds, which I did four or five times every day. This case was troublesome, but only because the man felt that he *must* get up and go out before he was well.

I fired the knee with actual cautery, kept it still and put him on large doses of oil of wintergreen, washing out the urethra daily with permanganante solution, and he began to improve at once, but slowly. He left me after being treated about a week, going away on crutches, the pain and temperature having subsided to a marked extent, and from Boston, Mass., he wrote me that he continued the treatment and got steadily better without consulting any doctor there. He came in to see me three or four months later, looking the very picture of health, and has never had any return of either the gonorrhea or the rheumatism.

Third. Young man, 28 or 29 years old, engineer on steamship, consulted me for chronic gonorrhea, having had it for twelve or eighteen months, or even more. He looked ill and said he was ill, having had chills and fevers and the urethra was discharging freely purulent matter of horrible odor. I at once suspected the cause of the discharge and upon examination found strictures everywhere and very small in size; impossible to pass anything but a filiform bougie into the bladder. I cut the strictures after getting him as clean as possible, and with the passing of sounds and daily irrigations, I was able at once to lessen the discharge, which was very offensive. After two or three weeks I had the man in fairly good condition, and when about to discharge him I was called out of town to a patient, and found it impossible to return for ten days. Upon my return I found that my patient had been discharged from the hospital by the doctor in charge of my work, and that after being out at work for a few days (the discharge having virtually ceased), he was suddenly taken ill with a pain and swelling of one ankle, and finding me out of town when he called at my office, he took refuge in the hospital under the care of the U. S. Marine Hospital Service, and was being cared for by their surgeon. When I returned, hearing of the poor man's condition, and being personally interested in him,

noting the seriousness of the case, I went to the surgeon in charge and asked permission to see the man with him, which permission he kindly granted, and I was shocked to see the poor man's plight. I really feared that he would not live but a few days, and I asked the doctor to let me give him the oil of wintergreen, and he kindly consented. It gave me great pleasure, I assure you, to see that man from the first dose almost, begin to improve and grow stronger and better, the pain lessening and the swelliug subsiding. The pus bag seemed to melt under its influence and each day he would tell you, "I am so much better," until at the end of three weeks, he was up and about, and in six or eight weeks the man was perfectly well and at his work.

I could mention other cases but these are very good samples of those I have treated successfully with this remedy, and I will not prolong the paper by repeating of others what I have already said of these.

It suffices to say, that I have had universally good results from this remedy in these cases, and no ill effects from giving the drug in large doses if gradually increased up to the point of toleration.

In Evidence.—"I presume you carry a memento of some kind in that locket of yours?" "Precisely, it is a lock of my husband's hair." "But your husband is still alive." "Yes, but his hair is all gone.—*Ex.*

Antidote for Cocaine.—I want to suggest an antidote for cocaine which it is well to bear in mind. I have had considerable experience in treating patients whose dentists have injected cocaine for dental work. In a number of cases there were bad results—syncope, etc., and in every case I have used gelsemium, and had excellent results.—*Southern Clinics.*

A Curious Conception.—A woman named Akroyd, says *The Barrister*, was tried before the Court of Queen's Bench in Dublin for refusing toproduce a child which she had abducted. Some amusement was created in court when the prisoner was sentenced to six months, without hard labor, in Richmond prison, which is only for the incarceration of males. Carved in the stone work over the main entrance to the prison are the following words: "Cease to do evil, learn to do well." The commitment was the subject of the following lines:

In most earthly tribunals some harshness prevails,
But the Court of Queen's Bench is both prudent and mild;
It committed Miss A. to the prison for males,
As the readiest mode for producing a child.
How she'll do so surpasses conception to tell,
Should she "cease to do evil and learn to do well";
And if in six months without labor confined,
She produces a child, she'll astonish mankind.

—*Indian Lancet.*

The Atropine Treatment of Intestinal Obstruction.—Marcinowski contributes two cases to the list of reported instances in which an apparently imperative laparotomy has been avoided by the use of large doses of atropine. The first of these is that of a woman presenting the typical picture of intestinal obstruction, who six hours after the subcutaneous injection of gr. 1-12 of atropine sulphate had a soft movement, accompanied by flatus, and went on to make an uncomplicated recovery. The other case is that of a man who gave similar symptoms after apparently successful taxis for hernia. After fecal vomiting had set in, the same dose of the drug was injected with a like happy result. Absolutely no untoward effects were noted from the enormous amount of alkaloid given.—*Medical Record.*

REVIEW OF MEDICAL AND SURGICAL PROGRESS.

Treatment of Acute Sero-Fibrinous Pleurisy.—CHAS. E. NAMANOCK. (*Medical Record*, March 9). The author discusses the treatment of sero-fibrinous pleurisy, and begins his role: To tap, or not to tap, that's the question. He says that the confidence engendered by aseptic principles has made of chest-tapping a simple and safe operation that is often needlessly resorted to. He gives three indications for tapping, viz: first, when life is directly threatened or endangered by compression or by cardiac weakness; second, when fluid has risen to the third interspace in front, since experience has shown that effusions of this size rarely disappear spontaneously; third, in all lesser effusions when spontaneous absorption is unduly delayed. When none of the indications are present he advises the application of guaiacol, or of iodine when the effect of the guaiacol on the heart regulating and vaso-motor centres is too pronounced; internally he recommends concentrated solution of sulphate of magnesia and as much salt as the patient can be induced to take and limits the ingested liquids to a minimum. He goes on to say that tapping removes in a few minntes what nature might require days or weeks to absorb; but the two processes are not identical. Tapping does not cure the underlying causative condition of a pleuretic effusion, nor does it allow time for those reparative changes in the serous cavity by which re-accumulation of fluid is prevented. His experience causes him to think that progress is delayed in cases tapped, though further on he states that it is sometimes surprising to witness the prompt absorption that will follow the withdrawal of a fractional part of a large effusion, which had previously manifested no tendency to diminish. C. H. C. M.

A Contribution to the Battini Operation for the Radical Relief of Prostatic Obstruction.—L. BOLTON BANGS. (*Medical Record*, March 9). He thinks that the enlargement of the prostate is not a senile affection though the effects usually do not show themselves till mid-life or later, and for this reason the community should be impressed with the importance of attending to the early symptoms.

Any surgical attack on the prostate is a serious matter and the younger the subject the less risk of radical measures. He relates his experience with the Battini operation, giving special care to the preparation of the patient. General anesthesia is to be preferred and the operation should be slowly done to guard against serious secondary hemorrhage. The after treatment is as important as the operation itself. Pain and frequent urination are almost constant symptoms. Some blood with the urine may be expected, and also during the second week burned tissue may be passed, ten of the thirty-four cases had fever, six of these having decided chills, among the occasional symptoms may be slight shock, masses of sloughing tissue obstructing the urethra, and in two of these cases there occurred espididymitis. The patient should be kept under observation till the urine is clear and the urethra free from irritation. When possible the bladder should be explored with the cystoscope. Complications: Two of Bank's patients had incontinence of urine. Results: sixty per cent. of those operated upon have discontinued the use of the catheter; twenty per cent. have increased amount of spontaneous urination; twenty per cent. received little or no benefit. The largest per cent. of the cures (40 per cent. of the entire number) was among the patients

wholly dependent upon the catheter. Operation was repeated on three patients, one being benefitted. The time of voluntary urination appeared from immediately after operation, the shortest; to two months thereafter, the longest. One death was attributable directly to the operation; two others occurred within three weeks after operation, but whether they had any relation to the operation, or were hastened by it, he cannot say.

C. H. C. M.

Sarcoma of the Intentines, with Table of Fifeen Cases of Resection.—C. VAN ZWALENBURG (Jour. Am. Med. Asso., March 9th). In speaking of sarcoma of the intestines, he says: Although a comparatively rare disease, it is much more rare in literarure than in reality and deserves more attention. Many of the so-called sarcoma of the abdomen, he thinks, may be sarcoma of the intestine. He reports the case of a boy, 5 years old, who was injured in abdomen by a fall on fence. But little attention was paid to it till about a month and a half after, when he discovered a nodule less than an inch in diameter in the median line, midway between the umbilicus and the ensiform cartilege. Its growth was marked and sixty days later it was large as a hen's egg. Two months after, he operated and removed the ascending colon, together with six or seven inches of the ileum, and all the mesenteric glands involved, making an end-to-end anastomosis with the Murphy button. The patient continued to improve, was out of bed in three weeks and walking after five weeks. The patient gained 16 pounds in six months after the operation. Microscopic examination revealed a small round cell sarcoma. The author presents an interesting table of fifteen cases of resection for sarcoma of the intestines. Of the fifteen cases nine were males and five females, one not recorded. The youngest, one and a half years old, the oldest fifty-two; five were under ten years, one between ten and twenty, and two betweeu twenty and thirty; one was thirty, and five between forty and fifty. The small intestine was alone involved ten times; both small and large intestines twice, the calcum once, the inverse colon once. Murphy button used in four instances. Of the fifteen patients nine recovered from the operation. He concludes that the small intestine is more frequently affected than the large. The ileum seems to be the favorite location. Stenosis is rarely produced, dilitation being more frequent. If in doubt as to diagnosis, he recommends an exploratory laporatomy.

C. H. C. M.

The Period of Iucubation of Yellow Fever: A Study from Unpublished Observations.—HENRY R. CARTER. (*Medical Record*, March 9th). It is to set forth some data not hitherto presented on the period of incubation of yellow fever that this paper is submitted.

The systematic treatises on this disease give the periods of incubation within limits; generally "from one to fourteen days," but do not in general give data upon which this statement is based. He goes carefully into the subject and gives three classes of observations in determining the incubation period. Class I. A person goes from a clean into an infected environment and remains there more or less until he develops the fever. The time from his entrance to the infected quarter to the development of the fever is named by many writers as the incubation period of the case in question. Class II. A person goes from an infected environment into a clean one and there remains until the development of the fever. Class III. Cases in which there is

only a short exposure to infection followed by development of fever. He cites eighty cases, statistics of which were carefully collected and classified as above. Class I. had twelve cases; Class II. had fifty cases; Class III. had sixteen cases. He thinks Table III. much more valuable than either of the others. Of the eighty cases the shortest incubation period recorded is three days, the longest eight and one-quarter days, while very few cases show over six days. C. H. C. M.

Results of Surgury in the Aged.—By James P. Tuttle. (*Journal of the American Medical Association*, March 9th.) In the discussion of this subject the author gives his experience in operating on the aged at the alms-house and work-house. The class, as a whole, were not well nourished subjects and the cases were not selected. He believes there are many ailments of old people amenable to surgical treatment and would be so treated in young persons, which are left alone on account of fear of operation or anesthetic. He thinks in every case that is liable to be fatal without operation, all other considerations should be laid aside and the procedure which promises the best chance of prolonging life undertaken. He observes that sprightly, energetic, ambitious old people who are well preserved stand operation much better than wrinkled, dried-up old people who are not so well preserved.

The condition of the heart in determining on surgical operations is not so important as the laity believe. Organic valvular diseases, unless most marked, do not contraindicate operation; fatty heart and degeneration of the muscles should be distinctly ruled out. The appearance of a small amount of albumen, or an occasional hyaline cast in the urine of old people is not of any great import. Results: Tuttle operated on one hundred and thirty-one cases, in persons over sixty years, with but three deaths—two from pneumonia and one from Bright's disease.

The character of the operations were mostly in the class of major operations.

Thirty-four cases of hernia; thirty-five cases of hemorrhoids; two cases of appendicitis; two of resection of intestine, both of these being in persons seventy years of age, in one over twenty-one inches of small intestine removed. Of the anesthetics given ether was used lightly three times, chloroform thirteen times and cocaine thirty times. He considers time an essential element of success in operating. Shock was almost absent in a large majority of cases operated upon.

C. H. C. M.

Eight Cases of Goitre in One Family.—Saml. Amberg. (*Maryland Medical Journal*, March). A white girl, 7 years old, was brought to Johns Hopkins Dispensary complaining of cold. On examination there was found an enlargment of both lobes and the isthmus of the thyroid gland. Family history revealed no tuberculosis, lues, rheumatism, nervous diseases or insanity, Goitre could be traced to one great aunt. The patient's mother is 31 years old and has a goitre which was noticed when she was about 7 years old. The tumor of the mother now invades both lobes, the left being larger. The goitre used to swell during pregnancy. She is the mother of eight children, seven of whom are living. The youngest child, 10 months, is the only one in whom the thyroid gland appears not to be enlarged. The gland of the next child, 4 years old, is distinctly enlarged, particularly the right lobe. The same is the case with the next, 5 years old, only a little more pronounced. In the next, 7 years old, the swelling is very distinct, both

lobes being equally affected. Then follows a boy, not quite 10 years old, whose gland is not quite as large as the preceeding, the right being larger. The next, 11 years old, both lobes are affected, the enlargment being in excess of her younger sister, while in the oldest, 12 years, the swelling of the left lobe is more pronounced, the tumor being about the size of an egg. The 7-year-old girl is delicate, while the others are well nourished. With one exception all were slow in learning to talk, and three show defective articulation. Hereditary influences are recognized etiological factors, and this influence does not seem to be limited to the congenital forms only. In the cases of these children there remains the question whether the goitre is congenital. Taking into consideration that congenital goitres are very rarely observed outside of goitrous districts and that the youngest child does not show any signs of enlargment of the thyroid gland, or of the para thyroid glands, it is very improbable that the goitres are congenital. All these cases will be treated by feeding the thymus gland of sheep. Should this or thyroid extract prove ineffective there remains only surgical treatment. C. H. C. M.

Extensive Laceration of the External Ocular Muscles; Diplopia; Spontaneous Recovery.—By WALKER L. PYLE.—Patient was a practicing physician, 44 years of age, in good general health and had never worn glasses. While riding a bicycle at night he ran into a blunt splicing hook of No. 10 telephone wire. The end of the hook entered the conjunctiva of the right eye, near the inner canthus, and tore its way out toward the external canthus, keeping below the cornea. The conjunctiva, subconjunctival tissue and ocular muscle tissue were extensively lacerated. The sclera was not penetrated. Hemorrhage was easily checked, the wound treated antiseptically and healed kindly. There was immediate diplopia, which no prismatic combination tried by a local optician could relieve.

Pyle first saw the patient four weeks after injury. The eye showed no signs of irritation and appeared slightly lower than the uninjured eye. By placing the patient in a straight position, forcing a small circle of light about level with the eyes by slightly lowering the chin, and rotating its point to the right so that the head was inclined to the left about an angle of 75 degrees, he gave him single binocular vision. On moving the eye downward from this point there was crossed diplopia, produced by injury to the inferior rectus muscle. On rotating the eyes upward there was homonymous diplopia due to injury of the inferior oblique muscle. By removing the patch worn by the patient and continuing the use of a prismatic correction, thus exercising the disabled muscle, he was given a very satisfactory vision so long as the eyes were not turned directly downward. For reading and other visual work at close range a 4 degree prism, base down, in right lense and a 2.5 degree prism, base in, in left lense was ordered. After several weeks he began to use his distance lenses for close work and was soon able to dispense entirely with the reading lenses. Five months after injury full correction without any prismatic addition for distance was ordered. The patient remains comfortable and often reads without glasses.—*Journal of the American Medical Association* March 9th. C. H. C. M.

Rest Treatment for Hysterical Disease.—By JOHN K. MITCHELL. (*Journal of the American Medical Association*, March 9th.) In this paper the subject of rest treatment is

well covered, it being the method practiced by the writer. Outside of certain forms of acute disease, especially uterine or peri-uterine, and cases with distinct organic disease of the lungs and kidneys, he thinks all cases call for treatment by rest and isolation. The earlier the treatment is begun the better, and he prefers a room in a private house, if not in the patient's home, to a room at hospital or sanitarium. He gives special attention to the nurse employed. She should be fired with enthusiasm, controlled by educated intelligence. He prefers one who is agreeable to the patient, but this is not always necessary. It is necessary for her to have certain personal accomplishments, such as reading aloud, which is not a necessary part of the ordinary nurse's edution. He regards isolation as the the most important feature of the treatment. No letters are sent or received, no visitors seen, in fact no one enters the room but the nurse, the physician, the masseuse and the servant. The isolation in ordinary cases lasts six or eight weeks, but in the more serious cases many months may be necessary and a life of careful and methodical regulation must be continued long after almost all symptoms have disappeared if the inveterate hysteric is not to relapse. The rest must be complete, the patient remaining in bed, at times not even feeding herself. If the digestion is not disturbed the patient is ordered to begin with the three usual meals per day, but if impaired, milk is to be substituted as long as necessary. When milk is badly borne, broths, meats, jellies, etc., may be used. Massage, to be efficient, should be applied by an experienced assistant. Electricity is the least important feature but it is well to use it routinely to fill in an hour or so a day which might be otherwise unoccupied. Constipation should be overcome by massage, with possibly a little aloin and strychnia. In chronic cases oil injections, electrical appliances for rectum, etc., may be used. Insomnia is met with the drip-sheet, the wet pack and the abdominal compress as well as massage at night, Drugs are to be avoided as much as possible. He tries to keep track of his patients six months after discharge, they being in charge of nurse. He considers the after treatment absolutely necessary.

C. H. C. M.

Curetting the Urethra in Treatment of Chronic Posterior Urethritis. —By George Walker. (*Maryland Med. Journal*, March.) He says that the scope of this operation has been too limited in the hands of physicians and he has extended its use with beneficial results. He says: "I have applied it to very chronic cases which have withstood the treatment by dilitation and various irrigations. These have shown by endoscopic examination that the posterior urethra, mainly in the bulbous portion, was the seat of a hard infiltation which extended well down beneath the surface. The mucous membrane was very much congested and in places eroded by granulation tissue and small ulcerated patches. In this pathologic condition, as has been shown by autopsies on similar cases, the gonococci have infiltrated the epithelial layer, and in some cases penetrated the muscular coat. They are usually associated with other diplococci and bacilli. It becomes apparent, therefore, that any treatment to be effective in these cases must be radical.

Preparatory to the operation the urethra is thoroughly irrigated with a 1-4000 bichloride solution, and then a 4 per cent. solution cocaine is instilled and held five minutes. An endoscope tube is introduced and the diseased spot is localized by illumination. The curette is then applied

and the portion in view thoroughly scraped, so that the diseased tissue at this place is entirely removed. After this has been done a 10 per cent. solution of nitrate of silver is applied to the spot by means of a cotton pledglet. The endoscope is then pulled slightly forward and another area is treated in the same manner. Following the treatment there is usually set up a rather profuse purulent discharge, which lasts for one or two days. If, upon examination, this discharge is found to contain bacilli, diplococci and gonococci use a twice daily irrigation of 1-5000 bichloride solution.

C. H. C. M.

Acute Gastric Ulceration.—By H. Newton Heinaman. (*Medical Record*, March 9th.) "Acute Gastric Ulceration," a term suggested by Dieulafoy, as distinguished from "gastric ulcer" is the theme of this interesting paper.

The writer believes that this condition has been overlooked, up to within the past few years, but because of its importance deserves consideration.

He describes the lesion as an acute ulceration of the mucous membrane, or of this and the muscularis mucasae, without bacterial invasion and without other recognizable lesion in the walls of the stomach. An arteriole alone may be involved and the hemorrhage may become serious.

Danger arises from the fact that the arteriole is eroded only to a small extent of its circumference, thus keeping it patulous and preventing retraction within the sheath of the vessel or formation of clot which would arrest hemorrhage. The possible causes are attributable to gastric hyper-acidity, chronic alcoholism, or some toxic or infectious influence. Others claim that it is an acute stage of chronic ulcer. Symptoms are, sudden and excessive hemorrhage, sometimes preceded by nausea, vomiting and gastric pain, and if the blood is retained sudden pallor may alone lead us to suspect the trouble, beside thready pulse and even chills and convulsions. Fever may or may not be present. It is impossible to diagnose the size of the eroded vessel or the exact location of the ulceration. The lesion is most often found at the cardiac end of the stomach. The medical treatment consists of absolute physical rest to body and stomach, the patient being put to bed on his back and alimentation being exclusively rectal for three or four weeks. Ice bag may be applied to the stomach, while nothing, not even water, should be given by mouth, in order to avoid all gastric peristalsis. Give ergotin hypodermically. Intravenous or subcutaneous injections of serum should be used. Others advise solution of chloride sodium.

Surgical treatment is hard to determine upon and is indicated by repeated losses of blood, the clinical signs and symptoms also being duly considered. Prognosis of operation, under favorable conditions, is not so grave as chronic ulcer, where all the gastric layers are involved.

C. H. C. M.

Four Cases of Sporadic Cretinism.—Henry Barbon Jacobs. (*Maryland Med. Journal*, March). I have two reasons for bringing these cases before you. First, that you may see the importance of diagnosis, and second, that you may observe the efficacy of treatment. The fact that three of the cases reached the age of six years before diagnosis was made or treatment begun shows that, is spite of all that has been written upon the subject of sporadic cretinism and the usefulness of thyroid extract in this condition, the great body of physicians have not yet learned to recognize the

disease. The patients were exhibited, with photographs before treatment was instituted, and during treatment, showing improvement to a marked degree, both mentally and physically. The fourth case was an infant, whose condition was recognized by Dr. Welsh, and a few months after treatment with thyroid extract dentition began, not very much later than the natural time, while in the other cases delayed until three or four years of age, showing that the administration of thyroid extract immediately resuscitated the nutritive and metobolic processes, causing the child's growth to go on in the natural way. Of course, the treatment must be kept up or the child will return to the cretinoid aspect. The earlier the treatment the more hopeful the outlook.

C. H. C. M.

Localized Suppuration in General Septic Infections.—In the treatment of general septic infections, says van Telburg-Hofman (*Va. Medical Semi-Monthly*) beyond propylaxis, the thorough opening of the local source of infection, and the antiseptic management of the same, cold stimulation. vigorous support of the patient, draining the pelvis of the products of infection by free catharsis, to which, in latter years, the administration of antistreptoccic serum, the use of nuclien and other means to promote leucocytosis and thus to fortify the patient's resistance against invading poisons has been added, there is little to be found. He reports two cases within his personal experience, in which rapid improvement followed "the production of an artificial suppuration," as the method is called by Fochier, of Lyons. Fochier published his experience in the *Lyons Medical*. He says: "There are cases of puerperal fever (which disease the author has taken for example) which are rare, but are by no means the exception, and in which we see a general infection improve suddenly at the same time that a local suppuration has appeared. These local suppurations are, for instance, a phlegmon of the breast, of the iliac fossa, or the subcutaneous tissue, or a monarthritis, a slow localized peritonites, or a salpingo-ovaritis." He concluded to make use of the provocation of artificial abscesses which would be easy to treat as a theapeutic means in puerperal infections. He used an acid solution of quinine, a strong solution of nitrate of silver, but finally concluded oleum terebinthinae to the best preparation. In the first case reported by van Telburg-Hofman, the patient, a negro woman, aged forty, was sent into hospital with a history of uterine trouble and an offensive leucorrhoea; temperature 102.4°, pulse 104. An examination revealed intrauterine fibroids which were sloughing. At midnight temperature rose to 105°, pulse 132; womb curetted. Temperature next morning 98.6°F; at noon 103°. Despite antiseptic douches, stimulants and concentrated nourishment, for several days preceding July 12th patient was having two chills daily, marked tympanitis, almost imperceptible pulse, restlessness and free perspiration. A hypodermic injection of fifteen minims of spirits of turpentine was given in upper part of left thigh. The temperature, from an intermittent one, became a steady one, although it remained high for several days. Vomiting discontinued, tymnitis disappeared, delirium gave place to a clear mind, defecations became more natural, all symptoms improved, and two days after the injection, the patient was hungry and seemed to relish her nourishment. Stimulating and antiseptic treatment continued with improvement until July 18th, temperature again fell from 103° to to 99°, there was another chill with evening temperature of 103.5°. An-

other injection of fifteen minims of turpentine was given in the upper left arm and was promptly followed by improvement. The temperature remained high but steady for a few days, then gradually came down to normal, and five days after second injection patient went home against advice. August 1st abscesses on thigh and arm were opened and discharged a very thick yellow pus, with no odor except of turpentine. Abscesses were healed in a few days. Patient fully recovered. The second case was a white woman, aged 22, with puerperal fever following her first confinement, in which she was attended by a South Carolina mammy. There was a phlegmasia alba dolens which showed no improvement after her usual treatment; but on the contrary the other leg became swollen and painful on pressure. Twenty minims of turpentine were injected into upper arm and five days later temperature was nearly normal, swelling entirely subsided from leg last affected and nearly so in other leg. She was taken home by her father and received no other medical attention and soon returned to her daily work. Another case of phlegmasia alba dolens following typhoid responded promptly to the same treatment in the hands of another physician.

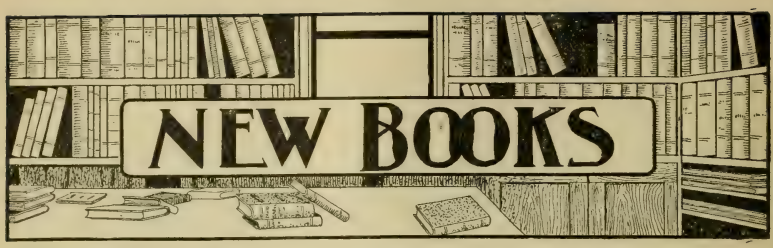
The injection is not a more painful one than an injection of morphine, but the painful signs of inflamation appear from one to six hours later, and in some cases it may be necessary to administer an anodyne. There are two forms of suppuration caused by the injection of turpentine—the anthrax form, where there is a formation of acne pustules under the epidermis, or there is a phlegmon that has to be opened to give the pus an outlet. The severity of the case must govern the frequency of the injection. Fochier seldom made more than two injections of from 15 to 25 minims in one case, while Thierry not only injected every other day but kept up the suppuration by irritation of the wound.

R. D. J.

To Cure Nausea.—A physician advances the theooy that the distressing sensation of nausea has its seat in the brain and not in the stomach, and that relief may be obtained by cooling the base of the brain. He claims to have tested this often and thoroughly in the case of sick headache, bilious colic, cholera morbus, and other ills which nausea is a distressing symptom, without a single failure; also, that he once relieved the nausea resulting from cancer of the stomach by the application of ice to the back of the neck and occipital bone. The ice is to be broken and the bits placed between the folds of a towel. Relief may be obtained by holding the head over a sink, or tub, and pouring a small stream of water on the neck. This is worth remembering, as a relief for sick headache, to which so many are subject.—*Southern Clinic.*

Passing of the Fiji Islands.—Dr. Morgan I. Finucane, medical inspector of the colony is authority for the statement that the black tribe of the Fiji Islands is dying out. This is due not to a small birth rate, but to an enormous infant mortality, caused by sanitary neglect, filthy houses, and the absence of skilled physicians. It is not expected that much can be done in the way of improving the conditions while native character remains as it is.—*Boston Mediacl and Surgical Jovrnal,*

"Uncle John," said little Emily, "do you know that a baby that was fed on elephant's milk gained twenty pounds in a week?" "Nonsence!" exclained Uncle John, and then asked, "Whose baby was it?" "It was the elephant's baby," replied little Emily.



A Text Book on Practical Obstetrics.—By Egbert H. Grandin, M. D., Gynecologist to the Columbus Hospital; Consulting Gynecologist to the French Hospital; Late Consulting Obstetric and Obstetric Surgeon of the New York Maternity Hospital; Late Obstetrician of the New York Infant Asylum; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc., etc., with the collaboration of George W. Jarman, M. D., Gynecologist to the Cancer Hospital; Instructor in Gynecology in the Medical Department of the Columbia University; Late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the Americal Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc. Third Edition, Revised and Enlarged. Illustrated with Fifty-two Full-Page Photographic Plates and One Hundred and Five Illustrations in the Text. 6½x9½ inches. Pages xiv-511. Extra cloth, $4.00. net; sheep, $4.75, net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

A casual survey of this work will immediately attract attention to the number and excellence of the full-page illustrations, which form a very important and useful feature. The authors state that these illustrations have in many instances been specially prepared. They certainly form a very pleasing feature as well as a very useful purpose. For the rest the authors have given us a valuable work upon the science and art of midwifery with careful description of details and technic, conservative, yet representing the best ideas of modern obstetrics. The volume is gotten up in handsome style by the publishers and on that account as well as for the more important consideration of its admirable treatment of the various matters pertaining to obstetrics will form a valuable and important addition to the physician's library. The following shows the arrangement of subjects treated :

In part I. we find a chapter devoted to anatomy and embryology; one on diagnosis, duration and hygiene of pregnancy; one on the pathology of pregnancy; and one on the diagnosis of the presentation and of the position of the fœtus.

Part II. is devoted to labor, and has chapters on the mechanism of labor; the management of normal and abnormal labor; care of the newborn infant, all in one hundred and four pages.

Part III.—The puerperal state, two chapters: one on the normal and one on the abnormal puerperium.

Part IV. occupies one hundred and six pages, and there is given ten chapters on obstetric surgery, with the following titles: Obstetric Asepsis and Antisepsis; Obstetric Dystocia and its Determination; Artificial Abortion and the Induction of Premature Labor; Forceps; Symphysiotomy: Caesarean Section; Embryotomy; the Surgery of the Puerperium, and Ectopic Gestation.

A Text-Book of Histology, Including Microscopic Technic.—By A. A. Böhm, M. D., and M. Von Davidoff, M. D., of the Anatomical Institute in Munich. Edited with extensive additions to both text and illustrations by G. Cari Hubor, M. D., Junior Professor of Anatomy and Director of Histological Loboratory, University of Michigan. Authorized translation from the sec-

ond revised German edition, by Herbert H. Cushing, M. D., Demonstrator of Histology and Embryology, Jefferson Medical College, Philadelphia. With 351 illustrations. Philadelphia: W. B. Saunders & Co. 1900. $3.50 net.

The distinguished names upon the title page of the present work are in themselves a flattering index to the character of contents which may be found upon examination. It is, of course, no surprise to find that the original author is one of that nation to whom pathology and histology owe so much, for in no other country have the investigations along these lines been so thoroughly carried out as in Germany. The names of the American translators and editors will, however, do much to popularize the work in this country. Unusual attention has been paid to the technic of histological examinations and this feature will commend it, especially to practical men interested along this line.

A Text-Book of the Diseases of Women. By Henry J. Garrigues, A. M., M. D., Gynecologist to St. Mark's Hospital and to the German Dispensary, New York City, etc. With 367 illustrations. Third edition, thoroughly revised. Philadelphia: W. B. Saunders & Co. 1900. $4,50 cloth; sheep or half morocco, $5.50, net.

Dr. Garrigues is a practical teacher and writer of acknowledged merit, hence we may expect to find the volume upon Diseases Women, clear, concise and practical. A perusal of the book, even in the most casual way, will not fail to fulfill these expectations. While some fault has been found with the relatively small space devoted to the pathology of the diseases affecting the female genitalia, it should not be forgotten that it is impossible to preserve within reasonable bounds a work designed for the practical use of students and practitioners and yet go into a detailed account of pathological changes. The author is especially clear in his description of the various plans and methods of treatment, and the portion of the volume devoted to the anatomy of the parts considered is exceptionally good and profusely illustrated. The characteristics of the work will go far to counterbalance in the mind of the profession any omissions of pathological detail and minutia.

You and Your Doctor.—How to Prolong Life.—A Practical Book on Health and the care of it. A teacher's Exposé of all Quacks and Frauds within and without the Medical Profession, by William B. Doherty, M. D.; Laird & Lee, Publishers, Chicago. 260 pages. Illustrated.

This volume is intended for the lay reader and its careful perusal will do good. The author states that, "The cry of suffering humanity is certainly this: Tell me, tell me all you can; help me, help me all you can;" and he then proceeds to give valuable and reliable information, counsel and directions for avoiding quacks and self medications.

In speaking of the latter he makes the claim that the large and ever increasing consumption of opiates and nerve sedatives is a proof of the effemmacy af the times.

The book is worthy of a wide circulation.

International Clinics.—A quarterly of Clinical Lectures and Especially Prepared Articles, by leading members of the Medical Profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., with a corps of collaborators. Volume IV. Tenth series, 1901. J. B. Lippincott Company, Philadelphia, 1900.

This volume presents a variety of interesting papers, Dr. H. C. Wood, leading with a paper on the United States Pharmacopœia. Potain, of Paris discusses the indications and contra-indications for the use of digitalis in treating heart disease. Massage in Raynand's Disease, Mosquitoes and the Prophylaxis of Malaria are other papers in the section on Therapeutics. The last is from the pen of Professor B.

Grassi, of Rome, who has done much experimental work in studying the relation of mosquitoes to malaria, and is well qualified to discuss the question. A symposium on Genito—Urinary Diseases embraces articles by Renault, James Pedersen, Félix Guyon, Ohmann Dumesnil, and A. Fawinier. Under the caption "Recent Advances in Diagnosis," James J. Walsh presents an interesting resume of practical points brought out in the discussions in the Medical Section of the 13th International Medical Congress. There are various other papers in the sections on Medicine, Neurology and Surgery, and a monograph by Dr. Henry W. Cattell, giving the etiology and the morbid anatomy of various diseases arranged alphabetically.

The Youth's Companion in 1901.—The ends of the earth have been laid under tribute for the 1901 volume of THE YOUTH'S COMPANION. Statesmen, Diplomats, Travellers, Trappers, Indian Fighters, Cow-Punchers and Self-Made Men and Women of many vocations are contributing every week to the entertainment of young and old in COMPANION homes. Among them are Theodore Roosevelt, who has written an article upon "The Essence of Heroism." The Secretary of the Treasury has endeavored to answer the question, "What is Money?" Frank T. Bullen, the old sailor who spins fascinating yarns of life at sea, has contributed a story. W. D. Howells has described the relations between "Young Contributors and Editors." Paul Leicester Ford has written about "The Man of the Dictionary"—Noah Webster. There is not space here to begin to tell of the good things already provided for readers of the new volume of THE YOUTH'S COMPANION—interesting, instructive, inspiring—from the pens of famous men and women. Illustrated Announcement of the current volume and sample copies of the paper sent free to any address.

THE YOUTH'S COMPANION,
BOSTON, MASS.

Among the special feature of *The Outlook's* Magazine Number for April may be noted: "The Rights of Man," by Lyman Abbott, the first of an important series of twelve papers; "San Juan," by Mrs. Guy V. Henry, widow of the first American Governor-General of Porto Rico—the second in the series "Four Island Capitals"; the third chapter of "Making of an American," Mr. Jacob A. Rii's immensely interesting and lively series of autobiographical sketches; a finely illustrated article on miniature painting, by Mr. W. G. Bowdoin; an amusing and clever story of Irish life; called "True Blue," by Mr. Shan F. Bullock, author of "The Barry's"; "Valley Forge as a National Park," by Mr. E. W. Hocker; "Little Journeys from Paris," by the well-known artist E. C. Peixotto, who furnishes half a dozen admirable illustrations; and "By Diligencia to Granada," by Thomas R. Dawley, the well-known newspaper correspondent. Almost all of the articles are illustrated. There are also four single-page portrait features relating to Andrew Carnegie, W. W. Rockhill, E. A. Philbin and Professor Pupin. ($3 a year. THE OUTLOOK COMPANY, 287 Fourth Avenue, New York.)

The April "Mind."—The readers of this able exponent of the "New Thought" will be glad to know that the Rev. R. Heber Newton, D. D., contributes the first of another series of papers to the April issue. His subject is "The Training of Thought as a Life Force." "Mental Influences" is the title of an article, which is also the first of a series on metaphysical topics, by Charles Brodie Patterson, one of the editors. J. A. Plummer answers Pilate's query, "What is Truth?" in a most sugges-

tive way. W. H. Phillips presents some striking comments on the question, "Are We Free?" and the Rev. Helen Van-Anderson contributes some luminous metaphysical "answers to correspondents," in the "Family Circle" department. The eighth volume opens with this number. $2.00 a year; 20 cents a copy, at news-stands. The Alliance Publishing Company, New York.

Scribner for April, in addition to articles on travel, adventure and art, by Walter A. Wyckoff, John Fox, Edwin Lord Weeks, and others, contains six short stories, three of them by new writers and three by writers whose work is familiar to readers of this magazine. The six short stories represent many novel ideas in fiction. "A Chase One Night" is an exciting account of a race between two Glouchester fishing schooners by James B. Connelly. In "Skipper" the ups and downs in the career of a prize horse in the police squad are narrated by Sewell Ford.

The story of a strike in New York is told in "The Union and Billy Bell" by Robert Alston Stevenson, whose only published fiction heretofore was the prize story in Life's contest a few years ago.

Arthur Colton has a short story of Connecticut village life, with a returned soldier as the hero.

The Literary Digest, for March 30th, under the head of "Topics of the Day" contains abstracts on the following subjects:

Boer Rejection of British Terms. England, Russia, and the Railroad Siding. What the Boxer Troubles Have Cost American Trade. Cartoons: Snap-Shots of the Chinese Situation. What the Platt-Odell Disagreement May Mean (with Portraits). Effects of the Cuban Occupation in Caricature. An Adverse View of Mr. Carnegie's Gift to New York. Increase of Burglary and the Remedy. Mr. Bryan on Mr. Cleveland. Saving Boys from Crime. Suffrage Restriction in Maryland. Nicaragua and Manchuria in Cartoon.

"Science and Invention" continue as follows:

Some New Uses of Glass. A Piano that Can be Played in Tune. The White Rhinoceros in Africa. The Psychology of Intoxication. Improvement of the Nile. Is Our Gold Supply Increasing? Bacteria in City Milk.

Medical Examination Before Marriage.—A marriage license bill was introduced in the Wisconsin Senate January 16th, which promises to eclipse the marriage law of 1899. This bill provides that no persons can marry who are suffering from true or hereditary insanity, insanity caused by vicious habits or the use of drugs, consumption and various other diseases which are named in the bill. Every person who wishes to marry is required to go before an examining board of three surgeons to be appointed in each county of the State by the county Judge, and must pass an examination before a marriage license can be issued to them. In addition, all male candidates for matrimony who are under twenty-five years of age and all females under eighteen must produce a writen consent of their parents before they can secure a license. Any clergyman, justice of the peace or other person who can perform marriages and who marries any couples who do not produce a certificate from the examining physicians of his county is to be fined not more than $500 or confined in prison not more than one year.

The Cause of the Trouble.—The Doctor: Didn't I say he was to avoid all excitement?

The Patient's wife: Yes, that's what got him excited.—*Brooklyn Life.*

MEDICAL NEWS AND ITEMS.

Indiana prevents osteopaths from practicing.

Dr. James McKee, of Raleigh, has been elected superintendent of the Central Hospital for the Insane, at Raleigh, N. C.

Yale Medical School is in luck. An anonymous donor has given $400,000 with which to build a clinical laboratory.

The Hunter McGuire Memorial Association will erect a monument to this grand old man in one of the parks of Richmond.

At a recent meeting of the Canadian Physicians it was stated that 24% of all deaths in the Dominion was due to consumption.

The Plague in San Francisco.—Surgeon General Wyman reports ten fatal cases of plague in the Chinese quarters in San Francisco since January 1st.

Seventeen new cases of plague were reported at Cape Town on March 31st. German ports have established quarantine against vessels from Cape town.

An appropriation of $250,000 has been made by the London Common Council providing a fund with which to institute precautionary measures against the plague.

James and Thomas Armstrong have been convicted in the United States district court in Chicago of using the mail to defraud, in connection with their diploma mill, the Metropolitan Medical College.

In Spain, towns containing 14,000 or more inhabitants must organize a local Medical Society or Academy of Medicine, and no physician will be allowed to practice who does not inscribe his name as a member.

A Bill before the Indiana Legislature provides that only registered physicians shall be employed to attend children under sixteen years of age, under a heavy penalty, and is intended to protect them from Christian scientists and others of like cult.

New Treatment for Pneumonia.—The New York Sun has received a despatch from Paris stating that Dr. Talamon, one or the physicians at the Buchat Hospital, has announced the successful treatment of pneumomia by injecting anti-dipthheric serum.—*Medical Record.*

Decision In Chicago as to School Vaccination.—Judge Dunne has decided that school authorities have no legal right to exclude from the schools childern who have not been vaccinated unless an emergency which necessitates guarding from smallpox is shown to exist.—*Medical Record.*

Broadoaks is the name of a Private Hospital soon to be opened at Morganton, N. C., for patients suffering from mental diseases, by Dr. Isaac M. Taylor and associates. Dr. Taylor has for years been connected with the Western Hospital for the Insane, at Morganton where he accumulated a vast fund of experience. The hospital is needed and we predict for it success from the start.

Plague at Southampton.—A case of bubonic plague was reported last week at Southampton, England. The man suffering from the disease was a Lascar who had recently arrived from Cape Town. The authorities have isolated all the persons who have come into contact with the Lascar during the voyage, and the transport is to be thoroughly disinfected. It is believed that the disinfecting cylinders will also kill rats aboard a vessel. —*Medical Record.*

The American Congress of Tuberculosis.—The second annual meeting of the American Congress of Tuberculosis will be held at the Grand Central Palace on May 15th and 16th, in joint session with the Medico-legal Society of New York. A dinner will be given for the members and guests.

General Bodily Resistance as a Factor in Nose and Throat Disease.—By Dr. Frank Louis Stillman.—The author lays stress upon the harmfulness of treating by local remedy alone, and he makes a plea for a more intelligent general treatment. The specialist should always remember that he is physician first and specialist afterward.

Systemic Factors in Catarrhal Deafness.—By Dr. Sargent E. Snow. Among the systemic factors, upon which the author lays particular stress, are, (1) a sluggish skin reaction; (2) low vital forces; (3) torpid liver; and (4) a lack of proper exercise. The author's experience has taught that failure to improve the hearing power means a fault either in the patient or in the physician, and not in the local ear condition. A knowledge of hygienic care and how to increase bodily resistance is a distinct obligation upon the otological specialist.—*N. Y. Medical Journal.*

Minnesota Prohiblts the Marriage of the Insane, the Epileptic, and the Idiotic.—The State Senate of Minnesota has passed Senator Chilton's bill prohibiting the marriage of insane, epileptic, and idiotic persons and requiring a medical certifieate for all applicants for marriage license. Amendments were adopted making the physician's certificate not quite so sweeping as they had been originally and to permit the marriage of any feeble-minded person over forty-five, the bill originally having extended such permission only to women.—*New York Medical Journal.*

It is said that there is still standing in the island of Cos a tree under whose spreading boughs, tradition says, Hippocrates taught the art of healing nearly 2500 years ago. It is a plane tree; its leaves come out every spring, but the two largest branches have been shored up by pillars of brick.—*Medical Age.*

The Chicago Medical Society has taken up the question of division of fees by surgeons and consultants with general practitioners by condemning the practice under penalty of expulsion from the society. Dr. G. Frank Lydston and Dr. A. J. Ochsner read papers on the subject, which were freely discussed in the meeting and in the daily press as well.

Phthisis.—It seems to me that there is an analogy between cases of tuberculous peritonitis cured by operation and exposure to air and light, and lung cases, and if it is agreed that these organisms are anaerobic, and are destroyed by the influence of pure air, we must recognize that the open-air treatment is a distinct and specific treatment. We must remember, as Sir J. W. Moore has pointed out that in addition to open air there must be sunshine and that the air must be pure and must be still:—Sir Christopher J. Nixon.

Leprosy in the United States.—The as yet unsettled question as to the contagiousness of leprosy is rapidly assuming for the people of the United States a much greater importance than ever before in the history of this country. If it is contagious our new relations with Hawaii, the Philippines, Cuba, and Puerto Rico must result in the extension of the disease to an alarming exteut unless more vigorous measures are devised and enforced than now obtain.

Of its contagiousness there would seem to be considerable proof, not in its anesthetic form, but in those in-

stances where there are cutaneous or mucous lesions; otherwise how can the fact be explained that of 100 cases which have been observed in Great Britain in the last decade, 98 at least contracted the disease in leper colonies; and of the 1,500 cases in Spain, most of them were soldiers or monks who had been in the colonies of that kingdom?

The act of Congress of 1898, providing for a commission to investigate leprosy and recommend legislation for its control, appears not to have as yet produced any practical fruit; the matter is, however, one which demands, and should receive prompt and scientific treatment. It will be easier to institute effective measures now than after the disease has obtained a firmer foothold, and spread so far as to be beyond control, except by measures which must prove to be arbitrary and harsh. If some of the ati-expansionists would direct their attention to this phase of our country's increased territory they would be doing a public service and merit approbation where they now receive condemnation. — *Brooklyn Medical Journal.*

Female Drunkenness in London.—A parliamentary return on the working of the Inebriates Act, under which the magistrates are able to commit habitual drunkards to inebriate reformatories, discloses the startling fact that of ninety-two such convictions ninety were women. Such convictions would be more numerous but for the fact that state reformatories do not exist, but it is significant that of the six institutions existing five are for females. Within the London metropolital police district there are 11,000 public houses. The temperance reformers say that this oversupply is greatly responsible for the fact that there were 46,899 arrests for drunkenness in London in 1897.—*Modern Medical Science.*

Dr. Robt. Coltman, Jr., former surgeon to Li Hung Chang and professor in the Imperial University at Pekin, passed through San Francisco recently on his way back to China from Chicago, where he has been spending a much needed vacation. He has a claim against the Chinese government for $35,000. Three houses that were his property were leveled to the ground by the Boxers, and everything with the exception of the clothes on his back, was confiscated by the riotors.—*Medical Age.*

New York City's Ice Crop Contaminated —A menace to the health of New York was proclaimed at the meeting of the Manufacturers' Association, Brooklyn; on March 18th, in the report of Prof. William P. Mason, who declared that the ice supply coming from the Hudson River above Albany was contaminated with sewage. Professor Mason was engaged some time ago by the association to investigate the purity of the ice. He presented a map of the Hudson River between Cohoes and Albany. This district; he said, contained from sixty-five to seventy-five ice houses, and ice taken from below the juncture of the Hudson and Mohawk contained the *Bacillus coli*, showing the presence of sewage. Prof. Mason said that the sewage of many towns and cities entered the river along this stretch, and it was inevitable that contamination of the water and ice should follow. After some discussion a resolution was adopted asking the State board of health to investigate the report.

A Layman on Quackery.—It is a curious characteristic of human nature, or of a great deal of human nature, that people who would grudge paying a cent to a regular medical practitioner will cheerfully pay a great deal of money to an irregular medical practitioner. Go where you will and you will find the quack

prosperous. His rooms are full of patients, and his patients are full of faith. Men and women will buy wondrous remedies from travelling mountebanks who do not distain to sing a comic song on the wagon from which they peddle their nostrums. Natural bonesetters, and long-haired "Indian doctors," and botanic doctors ignorant of botany, and faith healers of many kinds abound; and the trade of most of them is good. The world likes to be healthy, but it loves to be humbugged. If a thousandth part of the blind, unhesitating faith that cleaves so readily to incompetent, and often illiterate, practitioners of fantastic means of healing were bestowed upon religion, there would be no complaints that the churches are not filled. But often those who are full enough of doubts of the supernatural so far as it relates to their souls are quick to believe in an almost or altogether supernatural gift of quack salves to cure the body. Legislation can do but little, if anything to interfere with the gains of medical pretenders or of the professors of visionary and semi-religious medical "science." You cannot legislate away a state of mind; and the state of mind of thousands, perhaps millions of persons, is one of gross credulity in humbug. The delusions and illusions can be removed only by experience and a wider knowledge. They take their own lives and the lives of their families in their hands when they neglect the methods and agents of modern medicine and surgery and resort to the moonshine of Christian "science," or to any other crank system, or to any individual quack. But you cannot prevent people from killing themselves if they have the will; and you will only stimulate faith in quackery by giving it a chance to yell "Persecution!" A private arrangement between patient and "healer" will nullify any provision of law forbidding the "healer" to heal for a consideration. A gift can take the place of a fee; and "gratuitous" treatment can be acknowledged with a gratuity. The best way to deal with a delusion is to let it alone. Common sense must win in the end.—*New York Sun.*

Meeting Board of Medical Examiners of North Carolina, and North Carolina Medical Society, Durham, N. C., May 16-21, 1901.—Tickets to be sold May 15th, 16th, 20th., and 21st, final limit May 26th, 1901; continuous passage in each direction.

The following total rates will apply from junctional points, viz:

Blacksburg	$ 8.40
Charlotte	6.50
Danville, Va	4.85
Fayetteville	5 25
Forest City	9.95
Gastonia	7.15
Goldsboro	3.65
Greensboro	2.75
Henderson	2.25
Hickory	7.00
Lattimore	9.50
Marion	8 20
Maxton	6 95
Mooresboro	9 [illegible]
Newton	6 70
Norfolk, Va	7.45
Raleigh	1.50
Rural Hall	4 65
Rutherfordton	9.95
Sanford	3 75
Selma	2.75
Shelby	9 05
Suffolk, Va	6.85
Wilmington	7 70
Winston-Salem	4.05

Worthy of His Hire.—A stranger got off the street car, and accosting a newsboy, asked him to direct him to the nearest bank.

"This way," said the newsie, and turning the corner, pointed to a skyscraper just across the street.

"Thank you, and what do I owe you?" said the gentleman, pulling a penny out of his pocket.

"A quarter, please."

"A quarter! Isn't that pretty high for directing a man to the bank?"

"You'll find, sir," said the youngster, "that bank directors are paid high in Chicago."—*Chicago Tribure.*

NEWER MATERIA MEDICA.

Coughs: Their Suppression And Cure.

By Dr. Louis De Lorne, of New York City.

The treatment of coughs in general has always been varied and unsatisfactory. In the science of medicine there has ever been the difficulty to find a good remedy to relieve pain and distress in many phases of chest troubles, and particularly in coughs of bronchitis, pneumonia and phthisis.

With all of the numerous remedies of the materia medica, though each has had some particular value, there has always been the disadvantage of some unpleasant therapeutic effect following their use.

Stomach disturbances, constipation, stagnation of the secretions, increased temperature, diminished expectoration, excessive narcotic effect, the danger of habitation, etc., etc., are some of the complications experienced, and more especially are these conditions to be expected after the administration of codeine or morphine.

Furthermore, even admitting the value of codeine or morphine (with their undesirable after-affects) in certain cases, how often do they utterly fail to mitigate the cough of phthisis, bronchitis and whooping.cough, and also prove the absolute uselessness in laryngitis, asthma, etc. ?

How especially important is it to have an efficient remedy for the cough of the phthisis pulmonalis, which would not cause the disagreeable stagnation of secretory products of the lungs, that would not weaken the respiratory apparatus nor have deletereous effect on the heart.

Surely the profession has long felt the need of something to replace the various opiates for the suppression and cure of coughs, something that should be superior, more reliable and safer. A remedy that would not only be efficient; but safe for the treatment of the sympathetic cough of pregnancy. A remedy that can be used where heart complications occur. A remedy that will promptly check incessant, hacking cough, and paroxysmal coughs, which rob the patients of rest and sleep.

Doubtless a remedy proving unusually meritous in treating these various forms of coughs, and one which would be free from the unpleasant characteristics of morphine and codeine, will be of much interest to my colleagues and of much importance to the profession of medicine. With this fact in view I have concluded to submit the notes of a few cases to-show the exceptional good results ob tained with a product recently introduced to the physician for his consideration.

I, like most physicians, look with the greatest skepticism on the ever appearing articles on new remedies, and would not now have the opportunity to express my present satisfaction, if I had not been repeatedly urged by some of my conferes to try this new preparation in a few cases that were then giving me the greattest rouble.

The complete clinical reports of Prof. Morris Manges, of the Mt. Sinai Hospital of New York, Dr. W. Freudenthal of New York, Dr. B. Turnauer (*Weiner Medizinische Presse*, No. 12, 1899), Dr. A. E. Beketoff (*Kinische Therapeutische Wochendhrift*, No. 14, 1899), following their investigation with heroin, I find to coincide with the results I have experienced with glyco-heroin (Smith), but I would here impress upon those interested that my entire investigations were made with glyco-heroin (Smith) only, excepting the

few instances where I tried tablet triturates, and found them decidedly unsatisfactory.

Without doubt the merit of this preparation is to be attributed to its excellent composition, viz.: heroin, one sixteenth grain; ammon. hypophosphite three grains; hyoscyamus, one grain; white pine bark, three and one-half grains; balsam tolu, one-quarter grain, and glycerine sufficient to make one dram, wherein the therapeutic properties, if the drugs are properly compounded, and which is evidenced in this preparation, will be acknowledged desirable by every physician. Here I would point out the special advantage that this preparation possesses over heroin in any other form, viz.: the unnecessary administration of other remedies, while your patient is being treated with glyco-heroin (Smith), wherein you not only get the palliative effect of heroin, but have an admirable combination of remedies to bring about absolute cure in most cases. On account of the absence of syrup, instead of which glycerine, with its solvent and medicinal qualities, is used, there is not experienced the usual derangement of the stomach following the administration of preparations containing sugar or syrup.

The addition of ammonia hyphosphite also appealed to me, for its superiority as an expectorant over other like remedies is an established fact and must add much to its therapeutic value.

From the white pine bark contained therein, the astringency of which is, no doubt, modified through the soothing effect of glycerine, I found a very beneficial effect on the mucous membranes, thereby proving this also a valuable and desirable addition.

If with our knowledge of the superiority of heroin as a sedative, we closely scrutinize the formula of this preparation we should not fail to observe the efficiency of this combination, the therapeutic value of which has been proved by careful physiological experiments in the laboratory with accurate observation on its therapeutic action before being introduced to the medical profession, whose demands upon a new remedy, before permitting its admission to a permanent place in the materia medica, are at the present time much more exacting than in the days of empirical pharmacy.

Believing that the individual results obtained in a vast number of cases following the clinical investigation of a remedy to be superfluous, I shall here give the records in only a few of the cases in which I have tested glyco-heroin (Smith), and which are as follows:

1. Ceorge N.; a case of pulmonary tuberculosis. The patient who had been unable to sleep except in a sitting position, suffered violent cough, with a great deal of expectoration and dysponœa. Respiration, 32; temperature in the afternoon, 103°; pulse, 120. The paroxysms of coughing were very violent, one following the other in rapid succession. He had been given codeine and morphine, but the cough and other symptons persisted. Finanally he was given a teaspoonful of glyco-heroin (Smith), (containing one-sixteenth grain of heroin) every three hours. That night he was able to lie down and sleep, only coughing twice during the night. After takiug a teaspoonful every three or four hours for a week, his respirations were reduced to 26, temperature 101½° in afternoon, pulse 98. He said he had not coughed more than a dozen times during the entire week, his night-sweats had been very much diminished, appetite improved.

2. Mrs S.; has been confined to her bed with a severe case of la grippe for two weeks. On recovery she suffered with a persisting and harassing cough. Various narcotics and expec-

torants were administered, but afforded no relief. One teaspoonful of glyco-heroin (Smith) was given every two hours. She obtained relief after taking the first dose. The next day she took one teaspoonful three times a day. At the end of the fourth day the cough had left her. The only unpleasant effect was that she complained of being drowsy the first day.

3. Joseph S.; sixty years old. Had suffered since 1895 from chronic bronchitis. Had a violent cough, could not sleep at nights. There was no emphysema in this case. He was placed on the following treatment: Potassium iodide, five grains three times daily, and gyclo-heroin (Smith), one teaspoonful every three hours, the first week. After that the glyco-heroin (Smith) only was given three times a day. This case ended in complete recovery.

4. A case of whooping-cough in a child eight years old, who had sixty or seventy paroxysms daily. Gave glyco-heroin (Smith) in twenty-minim doses every four hours soon reduced the paroxysms to between twenty and thirty a day, and the violence of the paroxysms was very much abated.

5. The three children of Mrs. C. had whooping-cough; the baby, one year old, suffered very much; the paroxysms were very violent. In this case the results were very good and almost instantaneous; after the second dose of glyeo-heroin (Smith) the violence and frequency of the paroxysms abated. The child made a quick recovery. The other two children had very mild attacks, which I believe was also due to the glyco-heroin (Smith) administered.

6. E. D., sixty-three years old, had sufferred for the past four years with chronic bronchitis; while being free from cough all summer, it seemed to increase in severity each winter, and he dreaded the return of cold weather. I was called in September 28th and found him suffering with a violent cough and a great deal of dysponœa. With the aid of glyco-heroin (Smith) I have stopped the cough; he has not taken any of the glyco-heroin since October 23rd, and there has been no return of the cough. His present condition shows a complete cure.

In all tuberculous cases the cough diminished until practically absent, patients slept better, appetite increased, gained in weight, and the temperature reduced to about normal.

In several cases of whooping-cough where other remedies had been tried in order to relieve the paroxysms of coughing without result, with the use of glyco-heroin (Smith) the results were all that could be expected, as there was decided relief from the paroxysms of coughing, and all were able to sleep and rest well.

In acute bronchitis glyco-heroin (Smith) acted very promptly, and not alone was the cough relieved in a very short time, but also the whole general condition of the patient was rapidly improved.

In chronic bronchitis the prepration is very serviceable. The expectoration is facilitated and the dyspnœa diminished, owing to the fact that the air enters more completly into the alveoli in consequence of the increased inspiratory force.

In bronchitis the results were also satisfactory. If the precaution of lowering the upper part of the body was observed to aid the patient to get rid of much of the accumulative secretions by gravity, a few small doses of glyco-heroin (Smith) during the day and a full dose at bedtime would always make the patient very comfortable.

In pulmonary emphysema and bronchial asthma glyco-heroin (Smith) is decidedly superior to any other remedy therefor used.

During the attack of asthma, with the administration of this remedy respiration is stimulated, and the in-

The Most Perfect Form of Dosimetry

IS AFFORDED BY

WM. R. WARNER & CO.'S

PARVULES

The term Parvule, from *Parvum* (small), is applied to a class of remedies (Warner & Co.'s) in the form of minute pills, containing minimum doses for frequent repetition in cases of children and adults. It is claimed by some practitioners that small doses given at short intervals, exert a more salutary effect Sidney Ringer, M. D., in his work on Therapeutics, sustains this theory in a great variety of cases.

20 cents per 100 for any of these formulae

Parvules of Calomel, 1-20.

[WARNER & CO.]

Med. Prop.—Alterative, Purgative.

Dose—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain) produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause; and sickness of the stomach does not usually follow.

Parvules of Calomel and Ipecac.

[WARNER & CO.]

℞ Calomel, 1-10 gr. Ipecac, 1-10 gr.

Med. Prop.—Alterative, Purgative

Dose—1 to 2 every hour Two Parvules of Calomel and Ipecac, taken every hour, until five or six doses are administered (which will comprise but a grain of Calomel), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause: sickness of the stomach does not usually follow.

Parvules of Aloin, 1-10.

[WARNER & CO.]

Med Prop.—A most desirable Cathartic.

The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one to two every evening at and about the expected time.

Dose—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt and ample cathartic effect, unattended with nausea, and in all respects furnishing the most aperient and cathartic preparation in use. For habitual constipation, they replace when taken in single Parvules the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

Parvules of Podophyllin, 1-40.

[WARNER & CO.]

Med. Prop.—Cathartic Cholagogue.

Two Parvules of Podophyllin, adminstered three times a day, will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

Parvules of Arsenit: Potash, 1-100.

[WARNER & CO.]

This Parvule will be of great use to Physicians, as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

Parvules of Corrosive Sublimate, 1-100.

[WARNER & CO.]

Dr. Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the Treatment of Diarrhœa, whether the stools contain blood or not.

Parvules of Nux Vomica, 1-50.

[WARNER & CO.]

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric functions.

For sale by all druggists or sent by mail on receipt of price. Physician's private formulæ made up in lots of 3,000 and over. Pills, granules or compressed form. Write for quotations.

PHYSICIANS' VISITING LIST—FORMULARY OR PRICE LIST SENT ON REQUEST.

dividual paroxysms are not only shortened, but the interval between the attacks is distinctly lengthened.

In acute pneumonia the results were very gratifying, since in most of the cases the harassing cough was speedily controlled and the patient's comfort was increased as well by the stimulation of the respiration, the dyspnœa becoming much less marked.

And now, summing up all data of the clinical investigations carried on under my observation, I must say that we have here acquired a reliable, prompt and effective remedy with the the following advantages:

A reduction of temperature.

Prolonging respiration and at the same time increasing the volume of each inspiration.

Almost devoid of hypnotic effect.

Absence of danger of acquiring the habit.

It does not weaken the respiratory apparatus.

Does not cause unpleasant disturbances of the stomach or intestines.

It is without deleterious effect on the heart.

The ratio of therapeutic to the toxic dose is many times smaller than that of morphine or codeine.

Its decided beneficial effect in all dyspnœa.

It does not constipate, or rarely, and then only slightly.

Acts as a stimulant to the respiratory center, and stagnation of the secretions is excluded.

And in comparative doses with codeine, the latter is shown to produce nausea and vertigo, while these symptoms are absent during the administration of glyco-heroin (Smith)

In conclusion, I would say that in all cases here cited, and many others as well, the instant relief thus obtained marveled both myself and my patients. I have never with any remedy, enjoyed the confidence I have in this preparation, and now have the pleasure in not only having offered relief and cure in the cases wherein this remedy was first suggested, but find glyco-heroin (Smith) almost indispensible; and more especially so when I again consider codeine or morphine, with all their bad effects, as remedies compared with this preparation, which, on investigation, I found to be not only a true pharmaceutical product, but also an ethical product in every sense that the physician applies this term in designating a medicinal preparation worthy of consideration by the medical profession, and for this reason I have no hesitancy in giving my experience with the same, but rather feel that any treatment of disease that proves of especial merit should always be brought to the notice of the profession.

The preparation is well worth investigation, and will surely prove a valuable addition to the "armamentarium" of every physician.—*The Interstate Medical Journal.*

The Czar of Russia has paid a graceful tribute to the medical profession of that country. He has decreed that all physicians giving instruction to the Sisters of Charity in Red Cross institutions and all who are connected with dispensaries or other institutions in which the poor are treated free shall have the rank of officers in the imperial service with all the privileges thereof.

The Mormons don't believe in vaccination. The board of health of Salt Lake, Utah, has caused a number of the board of education to be arrested because they would admit unvaccinated pupils to the schools. On account of such action, a bill has been introduced in the legislature taking away from the board of health all its powers to enforce vaccination. This bill has passed the lower house by a vote of 67 to 6.

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Registering Millionths of a Second.—In a recent lecture at the Royal Institution, London, Sir Andrew Noble mentioned that in experiments with high power explosives used in guns a chronoscope had been employed which registered the velocity of the projectile at 16 successive points before it left the bore. It was possible with this apparatus to register time to the millionth of a second. In the older experiments, where the velocity did not exceed 1,500 or 1,600 feet per second, the projectile recorded its time by knocking down a series of steel triggers projecting into the bore. But with velocities of 2,500 feet and more per second, the trigger, instead of dropping, frequently plowed a groove in the projectile, and another device was necessary.

Mental Sanitation.—The manner in which the public has been taken into medical confidence in the matter of tuberculosis has resulted in a widespread knowledge of the subject, which has had a decided effect in modifying the general morbidity of the disease. In an admirable paper contributed by Dr. R. B. W. Smith to the *Canadian Journal of Medicine* the writer contends that the time is approaching when a similar methed of popular education is to take place in regard to insanity.

Among other things, the writer contends that the public should be enlightened in regard to insanity that they may properly estimate the potent factor of heredity. A morbid disposition is insidious in its development, and therefore should receive early attention and control.

The Surprises of Civilization.—Mr. Newrich (at Metropolitan Hotel): Mariar pess them limee beans.

Mrs. Newrich: Them's not beans John; them's salty ammons.—*Smart Set.*

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Department of Medicine.

The 136th Annual Session will begin Tuesday, October 1, 1901, at 12 M., and will end at Commencement, the second Wednesday in June.

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The surgeons claim to have discovered a well-formed tooth in a Boston woman's heel, but they may be mistaken. It may be an ossified bean.—*Colorado Medical Joernal.*

Two more "faith curists" have been held for murder, for treating the child of one of them sick of diphtheria, with nothing else than devout incantations. This time it is at Victoria, B. C.

The Right to Will One's Body For Scientific Investigation.—The Supreme Court of California, in the case of Enos *versus* Snyder, has laid down a ruling the results of which appear to us very regrettable from a scientific point of view. It has decided, in a contest between next of kin, on the one hand, and claimants under a will, on the other hand, for the possession of a corpse, that a man cannot dispose of that which, after his death, will be his corpse. The custody of the corpse and the right of burial, belong to the next of kin in preference to the adminisirator. This view is based on the fact that the general English and American legal authorities establish the rule that in the absence of statutory provisions, there is no property in a dead body. If this ruling is correct, the sooner statutory provisions are obtained enabling a man who feels that a great benefit to humanity will accrue, through increase of medical knowledge, by the continuance *post mortem* of an investigation into his case, or that new light may be shed upon anthropological, psychhological, or other scientific problems to authorize by will such use of his corpse, the better.

Sanmetto as a General Tonic.—Dr. J. W. Russell, of Clyde, Ohio, writing says: "I have used Sanmetto extensively in genito-urinary irritations, and in atony of the generative system, with splendid results. I am also pleased with its action as a general tonic in cases debilitated as a result of La Grippe."

In his annual report recently publisned, Provost Harrison, of the University of Pennsylvania has announced a readjustment of the studies required of students for the degree of doctor of medicine, by which they may complete the course in arts or science and get the medical degree in seven years.—*Medical Age.*

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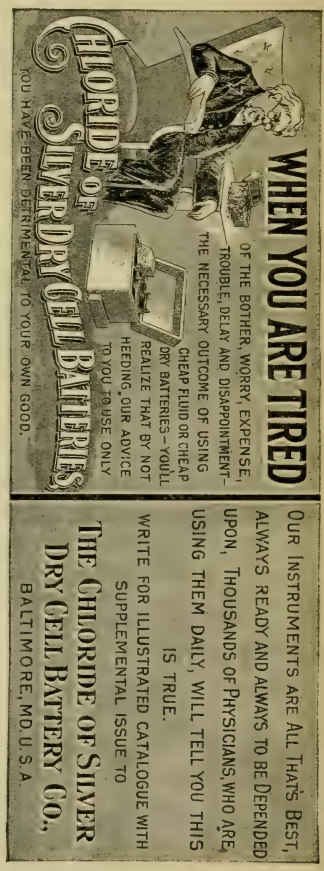
Trichloracetic Acid in Middle-Ear Disease.—Dr. Julius Toth employed trichloracetic acid in chronic middle-ear affections and is much satisfied with the results. At first he used a 3-per-cent. solution on a piece of cotton; later he dropped it in the external auditory canal by means of a dropper—8 to 10 drops proved to be the proper amount. By the action of this acid the defect in the drum membrane becomes filled in, but the regeneration of the tissue is very slow; the regeneration of $\frac{1}{25}$th inch square takes from twenty to twenty-five days. Nevertheless it is an invaluable method, as a cure takes place in 50 per cent. of the cases. Of the author's thirty-six cases of chronic, purulent otitis media and of perforation of the drum membrane with suppuration, eighteen were cured.—*Merck's Archives.*

The Genito-Urinary Conditions We Find in the Weak Nervous Types Met by Sanmetto.—Sanmetto clinically fulfills the promise of its physiological action. Hence its efficiency and seeming popularity with the profession in treating genito-urinary cases characterized by irritable, painful, frequent and scanty micturition—conditions we find in the weak, nervous, types.—W. H. CHRISTIE, M. D. Omaha, Nebraska, Prof. Materia Medica and Therapeutics in the Omaha Med. Col. Phys. to Immanual and Clarkson Memorial Hospital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You must be aware that in Herpes Zoster, all so-called ointments, paints etc., are not of the slightest use, and that the disease runs its painful course in spite of treatment internal or external. Having a severe case of Herpes where the chest, back and the arm was affected, and the patient's pain was unbearable, and knowing the value Ecthol, I ventured to give it a trial. I applied Ecthol on pieces of lint, and strange to relate, within 24 hours, the pain had mostly subsided and the pustules had quite a shrivelled appearance. This was the third or fourth day of the disease. The patient made a painless recovery thenceforth. I am giving it extensive trials now in all cases where there is any pus.—D. P. SETHNA, L. M. & S. (Bombay) 111 Gargaum Road, Chandarnwady, Bombay, Dec. 23rd., 1900.

Jno. C. Levis, M. D., West Bridgewater, Pa., says: I have used Celerina in my own case for insomnia. Among all the hypnotic preparations and nerve tonics, it stands justly preeminent. Several persons are now using it and report that no preparation has given such permanent and prompt relief. In a general practice of more than half a century, this is perhaps the first public testimony I have offered. Celerina is the very best nerve tonic offered to the profession, and can not be too highly recommended. To those wanting a nerve stimulant it will be just the remedy.

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CHRONIC CYSTITIS.

Case III. Mr. S. M., age 44, merchant, consulted me for Chronic Cystitis, from which he had been a sufferer for the past four years, with gradually increasing difficulty, in micturition, although difficult, he urinated about ten times daily, and must leave his bed twice every night to relieve his bladder.

Urethral examination resulted in location of a stricture, and when questioned admitted having had gonorrhoea about five years ago.

I treated his stricture by gradual dilitation, followed by an intra-vesical injection of Glyco-Thymoline (Kress), strength 1-12, at a temperature of 90 deg. F. This was continued twice a week for six weeks, when there were very few bladder symptoms remaining.

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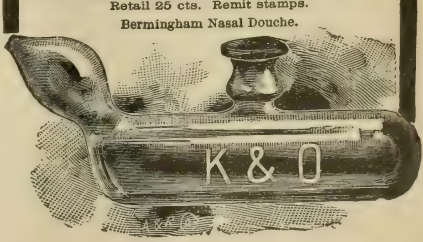

Female Neurotics — Their Treatment.—Prof. Chas. J. Vaughn, Chair of Gynaecology, Altlanta College of Physicians and Surgeons, writes: "Cerebro-nervous affections peculiar to women associated with pathological disturbances of the reproductive organs are legion, and most trying to physician and patient. Physicians are aware of the wide prevalence of these nervous disorders, for comparatively few women are entirely free from some phase of the ailment. Neuresthenia, neuralgia and other manifestations, either of an active or passive character are common and are always peculiarly rebellious to treatment. Neuralgia constitutes the great cause of danger from the employment of hypnotics and narcotics, which only afford relief by numbing, but effect no cure. On the other hand, the formation of a drug habit rather aggravates the condition from which relief was originally sought. I have found nothing so well suited to these cases as five grain anti-kamnia tablets, administered in doses of from one to three tablets and repeated every one, two or three hours according to the attendant's judgment. These tablets not only afford complete relief without fostering a drug habit, but they do not endanger weakened hearts. Their exhibition is attended with no unpleasant after-effects. I use them in preference to any other preparation in the the treatment of female neurotics and experience demonstrates that they are safest and best."

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EDITORIAL.

THE NEW SANITARIUM IN MORGANTON.

The enterprising gentlemen who have organized in Morganton, N. C., a private sanitarium for the treatment of nervous and mental troubles deserve, and have every prospect of being successful in the undertaking. Such an institution is needed in this section, and no more appropriate place in point of salubrity of climate and favorable surroundings could could have been made in the State. The physicians in charge are men of experience and ability in their special line of work and with sufficient financial backing can confidently look forward to the achievement of a high degree of success. Certainly we wish them such. The institution will be known as the Broadoaks Sanitarium.

THE WATER SUPPLY OF TOWNS AND CITIES.

The American people are notoriously reckless of human life in more ways than one. This is shown not only in the frequency of railroad accidents, and the number of homicides occuring in some sections, but even more so in the indifference with which the ordinary municipal government regards the milk and water supply of their own cities, their opposition to any proposition involving an outlay of money for the betterment of the sources of such supply and the inevitable pre-eminence which matters of local politics takes over the great questions of public health. This is but bringing up the much-discussed and never-settled matter of rottenness in American city government;

which, when it becomes too flagrant, is varied by a spasmodic effort at reform, a brief improvement that unfortunately soon flickers and passes away, leaving local affairs once more in the hands of the "boss" and the ward politician. In this respect the smaller towns and cities are much like miniature New Yorks or Philadelphias. It is not the question of municipal government, however, that it is our province or desire to discuss, although the matter of health regulation and water supply is closely connected therewith, but the source and character of the water used. Fortunately, efforts to arouse the popular mind in this direction have met with considerable success and will be productive of even greater benefit as our knowledge of this question of pure water supply increases. It is especially necessary that the physicians of the country should at least have a general idea of what constitutes a suitable water for drinking purposes, and of the various methods by which an otherwise dangerous water can be made wholesome and fit for use.

Dr. George M. Kober, of Washington, D. C., read a paper before the American Medical Association at its last meeting, in Atlantic City, setting forth various facts on the "pollution of streams and and the purification of public water supplies," that not only the physician and the sanitarian, but also every well-informed citizen should be conversant with. River water, which, in the majority of cases is the source of supply for cities, is considered as a mixture of spring, ground, rain and surface water, and for this reason when passing through a thickly settled district must necessarily be contaminated to a dangerous degree with the waste products of human and animal life. The two principal forms of pollution are mineral and organic. When water contains as much as thirty grains of solid matter per gallon, it is held to be unfit for drinking purposes on account of the irritating effects upon the stomach and bowels. This, however, is regarded as less a matter of importance than the contamination with organic matter from the discharge of sewerage, etc. The presence of the intestinal bacteria in a sample of water is satisfactory evidence of its pollution by the fecal matter of man or animal, and strongly points to the possibilities of infection with the typhoid bacillus. Dr. Kober calls attention to the typhoid epidemic of 1889-90 in Cumberland, and the consequent increase of typhoid in Washington, 134 miles further down the Potomac River, as an evidence of the distance the typhoid bacillus is capable of traveling in river water, and is therefore a believer in the dictum that, practically speaking, " no river is long enough to purify itself." Dr. Kober is an advocate of the irrigation method of disposing of sewerage, not as a sole means, but in conjunction with filtration, for the prevention of all water-borne diseases. The two systems of filtration are known as the American, or mechanical, and the English or natural sand filtration. Of the two, the latter is by far the best, as may easily be proven by comparing the prevalence of typhoid fever in cities having the mechanical with those using sand filtration. As an illustrative instance of efficiency of filtration he calls attention to "the cholera epidemic in Hamburg in August, 1892, resulting in 17,020 cases, with 8,605 deaths, caused by a band

of gypsies camped on the banks of the river Elbe, the discharges of one of its members suffering from cholera were emptied into the river, which at that time was served to the inhabitants of Hamburg without filtration. The epidemic spared the adjoining city of Altona, which derives its water from the same river after receiving the sewerage of Hamburg with its 800,000 people, but Altona filtered its water and Hamburg did not."

As a further proof of the superiority of the sand filtration method. Dr. Kober compares five European cities with five American cities in respect to mortality from typhoid fever. Take Atlanta and Berlin as a fair sample and we find that the latter city before filtration had 100 typhoid deaths per 100,000, since filtration, only five, while Atlanta, with mechanical filters, has 43. Taking the average of the ten cities for 1895, he finds that the American cities had 46.8 typhoid mortality per 100,000, while the European had 6. An equally creditable showing is made for the English system by a comparative estimate of the mortality of five American cities before and after using the sand filtration. Dr. Kober quotes Surgeon-General Wymons estimate, made three years ago, of the number of typhoid cases occurring in the United States. According to this estimate, 45,000 deaths every year are traced to typhoid fever alone, and it is not too much to say that this number has been increased to 50,000 in the last three years. Based upon a mortality of 10 per cent. it is reasonably accurate to assume the yearly prevalence of typhoid in this country at 500,000 cases. "If we calculate that only $1 per day is expended for care, treatment and loss of work, and that the value of human life is $5,000, we have a total loss in the United States every year of $400,000,000 from one of the so-called preventable diseases. Reduce the prevalence of this single disease one-half, which has been accomplished in Europe, and can be done here, and the question as to what public sanitation has accomplished will be answered from an economic point of view."

R. L. G.

FEES AND COMMISSIONS—A REMEDY.

In all the discussion that is taking place in our profession all over the country in reference to the morality of the general practician asking or receiving a commission on the fees from cases that he refers to a consultant, it is admitted by both parties to the controversy that the general practician has a real grievance. For instance; he has been treating a case at $2.00 a visit, and the case develops in such a manner as to require the services of a surgeon. The latter gets a large fee for his operation, while the physician who undertook the responsibility of recommending surgical intervention gets nothing for his very real services in the case except his fees up to the time of operation, and perhaps some afterwards, but all out of proportion to the surgeon's reward.

This uncomfortable situation has been met by such members of our profession as are careless of the nice points of honor by dividing the fee behind the patient's back. The deception practiced on the patient by this arrangement is the dishonorable feature of the transaction, despite the apparent justification supplied by the circumstances of the case. If the

practice went no further, professional dignity and self-respect might for a time be maintained, but the inevitable result of the adoption of this pernicious custom will be the degradation of the ethical standards of each one of us to such a pass that of necessity the general practician will hawk his case from one consultant to another until he finds the one who will give him the largest commission; while on the other hand the consultant will be continually increasing the commission he offers, in order to keep cases from going to his competitors.

The result is too horrible to contemplate with equanimity. If the medical profession does not awake to a proper realization of its present dangers and throttle this practice in its infancy, medicine will in a very few years cease to be an art and a science, will become merely a mercenary trade, and honor will be unknown among us.

The question now at once arises—how may we best combat this growing evil? In every city and town the thoughtful physicians are attacking this problem, and medical societies are discussing it. Everywhere the unfortunate position of the general practician, when referring cases, is admitted, but as yet no remedy seems to have been suggested which at all fully meets the many necessities of the problem. It seems to us that this lies in the failure to sufficiently analyze the causes that have led up to the existence of present customs. Certainly a prominent cause lies in the fundamental difference between the fees of the general practician and of the consultant. In other words the root of the whole difficulty plainly lies in our antiquated and senseless method of charging for our services.

While it would be hard to find a more difficult problem that that of thoroughly revising our method of making fees, it is perfectly certain that such reform would at once wipe out the slight apparent justification for commissions, and would put the practice of medicine upon a truly professional basis. With patience it seems reasonable to think that the public could be taught new customs in the payment for medical services.

Let us now see the real difference between the fee of the consultant and the remuneration of the general practician. The former, like a lawyer, charges a lump sum whose amount is based upon his skill, his reputation, the nature and responsibility of the case and the demands upon his time. This is just as it should be. The general practician, however, is the victim of a foolish custom of charging so much for each visit, no matter what service he renders. A mild case of measles, or other self-limited diseae, nets him the same recompense as attendance on a case of severe typhoid, of intestinal obstruction, or other grave disease. This is the very acme of folly. The general practician should be free to regulate his charge by the value of the services rendered and of the responsibility assumed. Curiously enough, in minor surgical cases, such as fractures, that are chiefly cared for by the general practician, it has always been the custom to regulate the charge by the location and severity of the injury, and the public is well accustomed to this plan.

How easy it would be, therefore, for the medical societies to arrange a "fee bill" for purely medical cases. For instance, the charge for caring for a case of measles might be from $10.00 to $50.00, according to the se-

verity and complications of the disease. For typhoid the charge might be from $50.00 to $200.00, according to the circumstances of the case.

The amounts could be ascertained by committees composing the average experience in medical cases, and the charge could be readily regulated by each physician to suit the ability to pay of his families. The principle would remain, however, that the doctor's charge is made for the service rendered, and not proportioned to the number of times he may see the patient.

With this custom adopted by the general practician, it would be very easy to insert in the "fee bill" some such provision as this: "For sharing the responsibility of urging surgical intervention, 25 per cent. in addition to the fee charged by the surgeon." This charge would be explained beforehand to the patient and his friends as having been agreed upon by all physicians. In each case then the surgeon and physician could regulate their charges to accord with the gravity of the case, the difficulties to be encountered, and the ability of the people to pay. It would not be a commission paid clandestinely, but a regular fee for a definite service. By this plan the demand for commissions would pass away by the complete relief of the difficulties that seemed to demand them.

Not for many years have medical societies discussed the matter of fees, although at one time each county society had a committee for the purpose and the matter was very carefully considered, as is evidenced by the "fee bills" that we have inherited. Let the medical societies appoint committees to investigate the matter thoroughly, and once more let us see the Cleveland Medical Society take the lead in this important reform.

By doing as herein suggested all necessity for even discussing "commissions" will be swept aside, and medical fees will be graduated similarly to legal fees. The adoption of this plan will enable the general practician to secure really adequate fees for great services rendered in any important case. Once we have adopted the new method, the courts will recognize its validity, and in a few years the public will learn to adapt itself to the changed conditions. By this means medical services will be more fully remunerated, and the practice of medicine will become more dignified. There will never be a better time than the present for initiating this reform.

[The above is an editorial in the April issue of the *Cleveland Journal of Medicine* proposing a radical remedy for existing conditions, and will bear thinking about.]

THE OPINION EVIDENCE OF MEDICAL EXPERTS.

We have before discussed the very unsatisfactory state of expert (so-called) medical testimony. Both sides in a legal controversy are privileged to summon physicians *ad libitum;* yes, even *ad nauseam*; to prove to a bewildered jury that both of two opposing claims are true. We have recently seen a report of a trial of a case in which the plaintiff claims damages from a railroad, because the engineer failed to turn out when the plaintiff drove his team upon the track in the face of an approaching train, the plaintiff naturally being injured. Prominent physicians were brought in by each side, those for the plaintiff giving the opinion that there

were permanent injuries, those for the defendant, a contrary opinion. Most of the prominent physicians in one of our larger towns were enlisted on one side or the other. Now, was anything accomplished by this "cloud of witnesess" other than to take up the time of the court, and secure some easily earned fees for the physicians involved? Was the jury enlightened any? Was the dignity of the medical profession upheld? Was the cause of science advanced.

A man was on trial in one of our western counties for murder. The evidence against him being so conclusive, the defence was driven to the usual plea of insanity, and retained a general practitioner from a neighboring town as an expert in insanity to prove the man's mental unsoundness. The place of trial was probably two hours' ride from this physician's home, and as he was hurrying to the train, he borrowed from a confrere a work on mental diseases that he might prepare himself for the trial on the way. A lawyer's description of his cross-examination was both edifying and amusing. It is hardly necessary to add that the prisoner was hung.

Such a condition seems to exist in nearly all the States, and has prompted a paper on the subject by Assistant District Attorney Jno. D. McLaughlin, of Boston, (*Boston Med. and Surg Journal*) He says there is "no phase of evidence which has attracted more attention, which has been the object of more criticism (frequently from bench and bar), or more the subject of proposed reforms than the opinion testimony of medical witnesses as uttered on the witness stand." He quotes as specimens of this criticism, from a judgment of the Supreme Court of the United States, from the charge to a jury, in a capital case, of a former chief justice of Massachusetts, and from a charge in a similar case of one of England's great judges, for in England, also, there is abuse of the system. Said Mr. Justice Grier: "Experience has shown that opposite opinions of persons professing to be experts may be obtained to any amount; and it often occurs that not only many days, but even weeks, are consumed in cross-examinations, to test the skill and knowledge of such witnesses and the correctness of their opinions, wasting the time and wearing the patience of both court and jury, and perplexing instead of elucidating, the questions involved in the issue." Said Chief Justice Chapman: "I think the opinions of experts are not so highly regarded now as they formerly were, for while they often afford great aid in the determination of facts, it often happens that experts can be found to testify to this theory, however absurd." Said Lord Campbell: "With regard to the medical witnesses called on the part of the prisoner, I must observe, that although there were among them gentlemen of high honor, consummate integrity and profound scientific knowledge, who came here with a sincere wish to speak the truth, there were gentlemen whose object was to procure an acquittal of the prisoner. It is, in my opinion, indispensable to the administration of justice that a witness should not be turned into an advocate, nor an advocate into a witness. You must say, gentlemen, whether some of those who were called for the prisoner belonged to the category I have described—that of a witness becoming an advocate."

Professor Thayer, in his "Treatise

on Evidence," says the function of the expert witness is that of "judging facts and interpreting them. They are called in because, being men of skill, they can interpret phenomena which other men cannot, or cannot safely interpret." But why not leave the jury to interpret the phenomena, if they must decide as to which is the true one of the two opposite opinions of men of equal reputation in their profession? As Mr. McLaughlin says, "It is difficult to perceive how an expert's position in respect to facts differs from that of a judge in respect to the law. The latter, upon all the facts, expressed his judgment as to the law in relation thereto; the former, upon some group of facts, expresses his judgment as to their significance and meaning so that the judge or jury, or whatever tribunal finally passes upon them, may have a full understanding. In our law judges there are two requisites which every one is agreed are pre-eminent—learning and disinterestedness, and the faintest trace of prejudice, bias or partisnship disqualified them. Neither little learning nor much bias, under our practice, disqualifies the expert."

As he puts it, wherever two experts are in contradiction, one of them is right and the other wrong, science has a faithful spokesman in one, and a false spokesman in the other; truth is struggling to express itself through one, and error through the other. And which are the judges and the jury to believe? In Germany, experts are called *judices facto—judices* as opposed to ordinary witnesses, *judices facto* because they do not judge as to the law, but their judgment or opinion only gives as its result a fact. And this theory as to the expert is carried to the extreme. He is treated not as an ordinary witness, but as an assistant to the court, and, accordingly, is appointed by the court. The latter has the right to call experts at any stage of the case, and of its own volition. It determines the number and exercises the selection of them. In civil cases the court is bound in its selection by the choice of both parties. When the expert testified he cannot be attacked like an ordinary witness; his veracity cannot be impeached because he is regarded as a part of the court and must be treated with like respect. He swears that he will give the opinion demanded of him impartially, and upon his best knowledge, and upon his conscience. In criminal trials in Germany the medical witnesses first called are those who the State has assigned to the judicial courts after previously ascertaining their knowledge in this department. The chief of the staff of the professional experts is the district or town physician, the statutory regulations requiring him to be scientifically educated, properly licensed and skilled in all the three branches of medical science, medicine, surgery and obstetrics; while there is also an organized series of courts of professional experts to whose judgment the opinion of the medical men first employed may be referred. The law, however, does not exclude private physicians, and they are frequently called to testify, along with the official physician, and sometimes to his exclusion. However, the writer does not claim that he would have our law modeled after this, but that the underlying principle of the law of continental countries in this respect, that the expert should be the partisan of neither side; that he should be as dispassionate and just as the judge upon the

bench; and that in fact as well as in theory he should be the assistant of the court, must be followed in some form or other, if we are to hope that the medical expert shall enjoy all the respect and credence which it is his right and the right of science he should enjoy.

Sometime ago several cases of bubonic plague occurred in a hospital in Vienna, if we remember correctly, and an investigation at the time apparently showed the disease to have originated in the handling of the germ cultures. As the cases were confined to the attendants and several of the physicians connected with the institution, who at the time were preparing and investigating cultures of the specific bacillus of bubonic plague, this conclusion was generally received as the correct one. Quite recently a report from the Michigan University at Ann Harbor, announces that a medical student named Charles B Hare, had contracted a mysterious disease and had been removed to the University pest house. While the University authorities were naturally very reticent on the subject, the report goes on to state that the young man had been taking a specific course in bacteriology, and had necessarily been handling culture tubes, and that his disease was generally supposed to be bubonic plague. The danger in handling the specific germs of disease is often not realized by students engaged in bacteriological work, and not a few cases of diphtheria have been contracted in this way. This sort of involuntary contribution to the evidence in favor of the specific action of certain bacillus is fraught with some danger and much inconvenience to the prover.

It is only occasionally that one hears of a fatal mistake upon the part of a druggist in compounding prescriptions, although, no doubt, errors of less importance are not so infrequent. Still, when one considers the number of prescriptions filled by the average drug store, and the fact that the prescription clerk is not protected from interruption while doing this important work, but must leave his half-finished prescription to answer the telephone or attend a customer in the front, it is rather surprising that more mistakes do not occur. Then, too, the loafers around the store not infrequently engage the prescription clerk in conversation, thus distracting his attention and increasing the liability to error. We are, of course, speaking of the smaller drug stores, for in the large establishments of the cities the regular prescriptionist is better protected against casual interruptions. Fortunately, as we have said, mistakes of serious import are rare, but it would be wise if all drug houses were more particular in protecting the prescription clerk from interruptions while so engaged.

According to the *Medical Times* plaster of Paris bandages may be easily removed by the following simple method: Soak some cotton-wool in peroxide of hydrogen, then with this moisten the splint down its entire length and for a width of about half an inch. When it is thoroughly soaked the plaster will be found in the same condition as when first put on, and the bandages have only to be cut while a pair of scissors, without any injury to the patient or any trouble whatever.—*Am. Jour. of Surg. and Gyn.*

The Carolina Medical Journal.

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ORIGINAL COMMUNICATIONS.

Albuminuria Without Manifest Organic Renal Lesions.*

By W. A. Deas, M D , Richmond, Va.

The subject of my paper to-night is "Albuminuria Without Manifest Organic Renal Lesions," or Functional Albuminuria, as it is generally called.

Perhaps I ought to offer an apology for presenting a subject which has been so frequently discussed; and yet when we remember in what a very undecided state this subject of transient or functional albuminuria still remains, and how much has been written upon it, and how very little determined, I do not think an apology is necessary for again introducing it. It seems to me that it is a subject ever new and ever interesting to the general practitioner, the specialist, and particularly so to the examiners and medical directors for life insurance companies.

The medical profession has long been familiar with that class of patients in which this form of albuminuria appears. They are apparently in good health, but still they pass either constantly,, or from time to time small, or even large amounts of albumin in their urine; and this may extend over periods of months or even years. These albuminurias have received many names by different writers. They have been called functional, paroxymal, intermittent, cyclic, chronic, and even physiological.

Our first clear idea of the clinical value of albumin in the urine is due to Dr. Bright, of England, in his masterly "Report of Medical Cases," in 1827 and 1831. For a long time following these reports, when albumin or any proteid body was found in the urine, such cases were considered due to a true renal affection or nephritis, and the gravest prognosis was given. At the present time, although there has been some reaction from these extreme views, and although we know in an examination of urine, we may find several other proteid bodies albumin, still, we are all, I think, more or less inclined to look upon any case of albuminuria with suspicion and uneasiness. Following the writings

*Read before the Richmond Academy of Medicine and Surgery, March 12, 1901.

of Dr. Bright, Sir Robert Christison was the first to point out that certain articles of diet caused temporary albuminuria. Following him in 1864, Iaccoud asserted that persistent albuminuria might, and did, occur in persons in otherwise good health. Since then, many other physicians of Europe and America have confirmed the above observations.

Before going further, let me say a few words as to the anatomy and physiology of those parts of the kidney which are believed to be concerned in the production of albumin; namely, the vessels, the blood and the secreting apparatus. The kidneys are well supplied with arterial blood by the renal arteries. Branches of these arteries give off a large arterial twig to each Malpighian body. Each twig, the afferent artery pierces the capsule, and breaks up into a plexus, the Malpighian tuft or glomerulus; and it is believed by many observers that the glomeruli are directly concerned in the secretion of albumin. From this tuft arises the venous radicles of the efferent veins, which are much smaller than the afferent artery. This, of course, would tend to renal congestion. The efferent vein, after leaving the capsule of Bowman, breaks up into a plexus, and loosely surrounds the nearest convoluted tubules, leaving spaces generally filled with fluid, between the walls of the vessels and the urinary tubules. From this plexus arise the branches forming the venous trunks. The renal veins have no valves, and this is another reason tending to renal congestion. We know that the urinary tubules begin as Bowman's capsules, with its constricted neck; then soon dilate, and become convoluted, then pass downward as the descending limb of Henle's loop, then upward again as the ascending limb, becoming convoluted again, and forming irregular tubules; and finally enter the straight or collecting tubes which carry their contents to the pelvis. From the experiments of Haidenbraim, Overbeck and others, which can only be referred to here, it is believed that albumin is a secretion of the epithelial cells of glomeruli, and takes place within the capsule of Bowman; and in order to secrete the albumin, there must be a slowing down of the blood while passing through the tufts.

What we mean then by "Albuminuria Without Manifest Organic Lesions," or functional albuminuria, is an albuminuria extending over a longer or shorter period of time, without detection of kidney trouble, and accompanied in most instances, by fair, or even robust general health; and with final disappearance of albumin. Many competent observers have made extended tests as to the frequency of these cases. Their results are not at all uniform. They range from two to eighty-four per cent. of the cases examined. This is a great difference, and it is difficult to account for it. It has been ascribed to the varying conditions of season, climate, habits, pursuits and surroundings, and to a greater or less degree of care and accuracy in the examinations. Senators and a few others claimed that their examinations led them to believe that albumin could be found in the urine of every healthy person. Sir Wm. Roberts has said that concentrated urine, from persons in undoubted health, were rarely free from traces of albumin. If this be so, it shows how near we all are to a true albuminuria. But I do not think that we

are as yet prepared to accept the existence of a true, physiological albuminuria.

These albuminurias have had numerous groupings. Perhaps one of the simplest is this: 1. Simple albuminuria. 2. Uric acid or oxaiuric form. 3. Neurotic form.

Before speaking of these forms it might be asked, "Can we say that there is a true physiological albuminuria?" That is, is albumen a constant element in healthy urines. I have just mentioned the conflicting views as to the frequency of functional albuminuria, and shall only now remind you that some observers and many of the insurance companies found in the very many thousand cases examined, but 2 per cent. Others claimed 84 per cent.; and Senator insisted that albumin exists at all times and in all urines as could be proved by sufficiently delicate tests. Admitting that the insurance companies and others finding only 2 per cent. may not have used the most delicate tests, still that would not have accounted for the absence of albumin in ninety-eight per cent of the cases examined. In the cases of those who found eighty-four per cent. of albumin, and of Senator, who found albumin in all urines, it has been claimed by Millard that their tests, as published, were faulty, and it seems to me that we have as yet no sufficient proof that albumin does exist as a normal ingredient in healthy urines.

Another question that might be asked is this: "Are these albuminurias produced in any other way than by some derangement of the circulation, or glandular apparatus of the kidneys?" I will refer to this question again.

And now a few words upon the first form or simple albuminuria. This form includes those cases which may continue for years in those in apparently good health, and who may never have had any disturbance of digestion, or circulation, or in their nervous functions. They might perhaps never have been discovered, except accidently, by the family physician or by an examiner for life insurance. These are considered true functional or chronic albuminurias; and are frequently found to exist after a simple meal, or after eating certain articles of diet; also after exposure to cold, or cold bathing; after great muscular or even very moderate exercise, and after mental strain or brain work. A record of experiments is a rather dull subject to most hearers, and I will try not to weary you. We are all familiar with those on both animals and men, in which eggs and other albuminous food were given freely by the mouth with the result of producing albuminuria. Grainger Stewart's experiments show that a diet largely of eggs has usually produced albumin in the urine but in small amount, not egg-albumin. We cannot account for the appearance of this serum-albumin by supposing that the egg albumin had been changed by digestion into serum albumin, and then secreted by the kidneys. Semmola experimented on dogs by introducing egg-albumin by the stomach, veins and subcutaneously. The animals were killed, and he always found a true glomerulo-nephritis. It is believed that in all these cas s of albuminuria, after a diet of nitrogenous food, including gluten, casein and albumin, some disorder of digestion was produced; and that peptonisation was weakened, and that the albuminoid was absorbed in some changed

condition, and circulated in the blood as a toxin, and by its irritating qualities excited a glomerulo-nephritis. These cases were dietetic albuminurias, and evidently asociated with vascular changes in the kidney; and it has not as yet been demonstrated that such an albuminuria can occur independent of such changes. So far, then, as our knowledge goes, it is thought to be quite probable that albuminurias, not due to glandular changes in the kidneys, can be explained by the conditions just mentioned, viz: irritating albuminoids or toxines in the blood, causing vascular changes in the kidneys. I have already mentioned muscular exercise as causing these albuminurias.

Great stress has been placed upon this cause. The simplest form seems to be what is called postural albuminuria. In these cases when quiet, or lying down, albumin was not found. When up, and after taking even the gentlest exercise, albumin appeared. When lying down again, the albumin again disappeared. Dr. Raikes, physician to the Rugby School, England, has reported striking cases. It appears that two mornings in the week, at 7 a. m., the boys were required to attend prayers in the hall, where they had to stand for 15 minutes. Upon other days, they were required to attend prayers in the chapel, where they were seated. It was quite common for the boys to faint in the hall, but not in the chapel. The doctor found that the urine of the boys who were affected always contained albumin, and that they had hard, rigid pulses. He then thought the trouble was due to a pure hyperaemia of the kidneys. The heart in these cases, he thought, might have been somewhat weakened by fasting since the day before, and this may have caused cerebral anemia, and some vase-motor influence causing hyperaemia in the kidneys. When seats were provided in the hall at prayers all trouble ceased. Pavy gives an account of a young English student who stood a civil service examination and was rejected because albumin was found in his urine. It seemed to be a functional case, and he was afterwards passed. He then went up to Oxford, and after that had to go up for a final physical examination before going to India. He had read up on these cases, and remained in bed until just before the examination. No albumin was found, and he was accepted, there being a temporary disappearance of the albumin. This is another case of posturial albuminuria, in which the erect posture seemed to act as violent exercise in others. The cause here has been attributed to altered blood-pressure in the Malpighian tufts. We need not dwell on the albuminuria found in that large class of cases, including football players, bicycle riders, athletes, as well as those undergoing less violent exercise of prolonged walking, riding, running and marching. In the case of 29 football players examined by Dr. Macfarlane, he found albuminuria in all, from a trace to a ring a quarter of an inch deep; and in nearly all there were casts, either hyalin, granular or epithilial; and in a few blood cast. Oxalates and urates and uric acid were also there in quantity; and in some blood. A writer commenting on these cases, says: "Now, these players, it is presumed, were specimens of perfect health; and violent muscular exercise was undoubtedly the great factor in producing the albuminuria, although mental excitement, cold bath-

ing and nitrogenous diet exercised no inconsiderable influence as accessory causes. The albumin disappeared after a few hours. From the presence of cast, and even blood, there can be no doubt that an acute congestion of the kidneys was present in these cases; to which was added a weakened heart's action from fatigue; a concentrated urine from copious perspiration; and the irritating effects of an abundance of oxalates and uric acid, which conditions are the very ones which experimentation has shown to favor the production of albuminuria." He concluded by saying, "Such, then, are the consequences attending upon severe muscular exertion."

The class of cases due to some fault of nerve innervation, or neurotic, as they are called, seems a large one. Runeberg has attributed these cases to some disturbance of the action of the heart, or blood vessel, through the influence of the vaso-motor nerves, which may be either a dilation from paralysis, or contraction of the arteries by cramp or spasm. He found that irritation of the renal nerves produced contraction of the small arteries and capillaries of the kidneys; and that albumin then appeared in the urine. The contraction of the small vessels retards circulation, decreases arterial blood, and causes anoxaemia, or deficiency of oxygen in the blood. Other experiments of his on the renal nerves caused vaso-motor paralysis and dilation of the arteries, and slowed the circulation in the kidneys with a decrease, or arrest of urinary secretion, and appearance of albumin in the urine. Violent irritation of the skin, such as burns, severe applications or severe chilling cause albuminuria. Anger, simple nervous excitement, prolonged mental action, and many other slight causes result in the same. It seems quite probable, then, that many of the cases of transient albuminuria we meet, and are in doubt as to the cause, may be due to some disturbance of the nervous system which controls the vaso-motor nerves; and from what has been said, we have seen that vascular changes in the kidneys do not result from this vaso-motor disturbance.

The last of these albuminurias is the uric acid or oxaluric form. This form includes all those cases sometimes described as due to local, or the mechanical cause, and Charcot calls it irritation of the kidneys.

They are brought about, it is thought, by defective metabolism, assimulation and tissue waste. When we have a concentrated condition of the blood, as after violent exercise, or from products of defective assimilation, or bile, or specially from uric acid or oxalate of lime, we meet with these cases. The specific gravity of the urine is apt to be high; may persist at 1.036, and generally deposits urates, uric acid and oxalate of lime. The amount of albuminuria is apt to be small and intermittent. Dr. Da Costa includes among these cases the albuminurias of adolescence, and says they present the same general features of the cases just described, i. e., nervous and digestive disturbances, intermittent albuminuria, urine of high specific gravity, and deposits of urates and oxalates. He then asks whether this tissue waste, with its uric acid and oxalates, may not cause functional albuminurias, and also whether the albuminuria of forced excessive exercise may not be due to the same causes. The foot-ball players mentioned before all had uric acid,

urate and oxalates; and some had casts covered with crystals. Dr. Da Costa believed the pathology of all these cases to be a congestion of the kidney, and if this continued, he thought that local inflammatory changes occur as due to the irritation effects of excreting the waste products. I think, however, it is now thought that most cases of functional albuminuria are due to a combination of the various causes mentioned. But whatever may be the cause or causes, they all seem to produce a local vascular change in the kidney.

It may be asked, "How can this be definitely proven, since true functional albuminuria is rarely fatal, and we cannot make observation after death?" It is true, we cannot make experiments on a man, but it can be done on animals; and these experiments all indicate that vascular changes do take place in the kidneys. Then Millard and Shattuck, after many studies of kidneys after death, reported that it was rare not to find some scar, or contraction or destruction of Malpighian bodies (or glomerulites), or other evidences of kidney trouble which had healed after local changes or disturbances in the kidney due to latent albuminuria.

Now, in the light of our present knowledge, what are we to say about functional albuminuria?

Let me review rapidly. 1. There is a transient or functional albuminuria, occurring with greater or less frequency, and with more or less persistence. 2. These cases have been traced to various causes, already enumerated. 3. Under whatever form these functional albuminurias occur, we have good reason for believing that vascular changes in the kidneys are always found. 4. It is believed that in most, if not all, of these cases, there is a true local congestion of the kidneys, which may lead on to more serious trouble, if persistent. 5. We have no reason for believing that there is a true physiological albuminuria, i. e., that albumin is a normal ingredient of the urine, and is found, as Senator claims, in all healthy urines at all times.

If these conclusions are correct, they are most interesting to all medical men. It is believed that in every case of functional albuminuria, there is a real congestion of the kidneys, slight it may be, and transient in some cases, but most acute in others, and if persistent, capable of leading on to further trouble. With our present knowledge, we are not able to predict which form may prove transient and harmless, or which may lead on to chronic lesions. And until we can do this, it seems to me, we are right in regarding these cases with suspicion. The general practitioner, I think, should keep these cases under observation, if possible, or if an examiner for a life insurance company, he should either decline the risks, or postpose with the hope of being able to make further study of the case, or, as I believe is now done in some companies, consider the albuminuria as involving an extra hazard, and then make use of endowment forms, short periods, or other forms of insurance, to write insurance on these lives.

Some years ago, I heard Dr. Paul Monde read a paper before the New York Academy of Medicine. Dr. Gillard Thomas was on the platform near the president. Dr. Monde had scarcely taken his seat, after reading his paper, when Dr. Thomas jumped

up, and said, "Mr. President, and gentlemen, there is nothing new in the paper of the evening." Now I am quite willing to acknowledge that nothing new or original has been presented to-night, and yet I thought it well to try to review some things which have been written on this subject during the past few years.

Extra Uterine Pregnancy, With Report of a Case of Simultaneous Pregnancy In Both Tubes.*

By C R. Robins, M. D., Richmond, Va., Instructor in Abdominal Surgery and Gynecology, and Visiting Obstetrician, Medical College of Virginia.

Extra uterine pregnancy is a subject which demands the attention of every doctor who is responsible for the life and health of women. There is no woman who may become pregnant, who is not liable to become the victim of this accident. It is at times so insidious in its development that its existence is not even suspected; and it may be so fatal that death may ensue before it is possible, with the greatest promptness, to render the necessary surgical aid. It undoubtedly occurs much more frequently than statistics can ever show, because, on the one hand, many cases recover without the trouble ever having been recognized, and on the other, many cases die that are never brought to the care of the surgeon. This paper is a simple resume of the subject, with the report of an interesting case.

Varieties. While it has been claimed by eminent authorities that all cases of extra-uterine pregnancy are primarily tubal, this view is no longer held, and the following primary forms are generally admitted. (1) *Interstitial,* occurring in that portion of the tube which passes through the horn of the uterus. (2) *Tubular proper.* (3) *Tubo-ovarian,* occurring between the tube and the ovary. (4) *Ovarian,* occurring in the Graafian follicle. (5) *Abdominal,* occurring in the abdominal cavity. By far the most common form, however, is that occurring in the tube proper; and our purposes to-night will be best served by discusing this, with a casual mention of the others.

Pathology. When the fecundated ovum becomes implanted in the tube, the tube undergoes a process of thickening, which, however, is not due to a hyperplasia of the elements of the tube, but to a vascularization. The thickening is not uniform, but there occur certain thin spots, due to a stretching of the tissues, which mark the sight of future rupture.

In interstitial pregnancy, rupture usually occurs into the free abdominal cavity. Rupture into the uterine cavity is possible, as is also rupture into and growth between the layers of the broad ligament. In tubo-ovarian pregnancy, rupture into the abdominal cavity usually takes place; but growth may occur inward between the layers of the broad ligament. It is possible for the fetus to develop to maturity. Ovarian pregnancy is exceedingly rare, and only a few cases have been reported. One of these went to term. Primary abdominal pregnancy is also exceedingly rare. The conditions favor the progress of pregnancy to term. Tubal abortion is a term applied to extrusion of the ovum through the abdominal end of the tube.

If the fetus survives these accidents, it may go on to term. In this case,

*Read before the Richmond Academy of Medicine and Surgery, Feb. 12, 1901.

the woman will be taken with pains simulating normal parturition, accompanied by a discharge of blood and decidual shreds. This continues from a few hours to several days, when the pains cease and the tumor decreases in size, due to absorption of the fluids.

The hold which the ovum has on the walls of the tube is very precarious, and in a certain percentage of cases separation occurs, accompanied by hemorrhage, resulting in the formation of a tubal mole. This mole may be sufficient to rupture the tube with the same results, which will be mentioned later. If the ovum continues to grow, rupture of the tube usually occurs primarily between eight and twelve weeks. If rupture occurs upward into the free abdominal cavity, it is usually associated with free and finally fatal hemorrhage. In cases, however, where the placental site is downward, it is possible for the embryo alone to escape with only a moderate amount of hemorrhage for a new sac to be formed from the peritoneal adhesions; and for the embryo to continue to derive its nourishment from the placenta attached to the walls of the tube. If death of the embryo occurs previous to two months, it is possible for it to become absorbed. It is possible also for hemorrhage to be limited by the formation of peritoneal adhesions.

If rupture occurs downward between the layers of the broad ligiment, the hemorrhage is usually limited by the formation of a hematoma. If death of the embryo occurs, it is possible for the entire product to become absorbed. If the ovum continues to grow, subsequent rupture may occur, which may open up into the abdominal cavity. There is liability for secondary rupture and hemorrhage to occur even after death of the embryo. After the second month, the dead embryo cannot be absorbed and it undergoes either mummification or calcification, or decomposes.

At the time that these changes are taking place in the tube, the same changes that occur in normal pregnancy are taking place in the uterus—the formation of a decidual membrane and enlargement of the organ. The membrane becomes separated and is extruded between eight and twelve months usually, at the time of the death of the embryo or rupture of the sac. It is from 3-16 to 3-4 of an inch in thickness, is not very friable, is extruded in large pieces or as a complete cast of the uterine cavity, and the uterine surface is covered with a thick, shaggy, villous coat which becomes apparent on being floated in water.

Symptoms should be divided into those occurring previous and subsequent to rupture.

(1) *Previous to rupture.* This malady usually occurs in women who have never borne children, or who have not borne a child for a protracted period. There is also, usually, a history of uterine disorder. Such a woman having been menstruating with regularity, misses one or two periods. This is associated with the subjective signs of normal pregnancy. There is increase in the areola about the nipples; Montgomery's glands and the breasts become enlarged; gastric disturbances—anorexia, nausea and vomiting occur; there is the usual purplish tinge about the vagina; the cervix is softened, and the os filled with a mucous plug. The woman often says she is pregnant. Associated with these normal changes, there is pain, which is characteristic, although in

some cases it is absent. It may be dull and aching, but is usually sharp and lancinating, and occurs in paroxysms. It is described by the patient as being of the most violent character, and may commence at any time, from a few days to several months after a normal menstruation. The paroxysms are separated by intervals free from suffering. The pain may be situated on one side, or it may be indefinitely located in the lower abdomen. It may radiate down one leg or upward into the epigastrium. Sometimes it is so violent as to cause nausea, cold sweating, fainting and every evidence of severe shock. The temperature is almost always elevated, and may be quite high. The pain is usually accompanied by a return of a flow of blood, which may contain some shreds of decidua, and which continues irregularly for months. Instead of the usual amenorrhea, there may be irregular bleeding from the first, and in some cases, there is a marked metrorrhagia.

(2) *Subsequent to rupture.* Rupture is accompanied by characteristic symptoms. The patient is seized with an agonizing, lancinating pain in the abdomen. It may come on at any hour of the night, and is not dependent upon any undue cause. This pair is rapidly succeeded by signs of hemorrhage which, if extensive, may cause the patient to fall unconscious to the floor; the pulse, at first rapid, becomes almost or quite imperceptible; the face loses all of its color; the body breaks out in a cold sweat; the extremities become cold, and the breathing, sighing, and finally jerky. Further symptoms depend on whether the bleeding continues or is limited. In the first instance, death follows in from a few hours to several days. If the rupture is confined within the tube or takes place between the layers of the broad ligament, or is confined by peritoneal adhesions, the patient gradusually improves; but all of the symptoms may return or be intensified by a subsequent hemorrhage.

Diagnosis. In a certain proportion of cases, there are absolutely no indications until rupture occurs. In others, the symptoms given in the foregoing, occur with more or less distinctiveness. Those which should always excite suspicion are the characteristic pains associated with the signs of pregnancy, and irregular bleeding Irregular bleeding, occuring in a woman who has previously menstruated regularly, should always excite our suspicions, even if not associated with other symptoms. When the characteristic pains occur, our suspicions should be thoroughly aroused.

Upon making a bi-manual examination, the tube on the affected side is found enlarged and quite tender. If the enlargement is of sufficient size, the uterus is pushed to the other side. The tumor usually lies to one side of the uterus and curls around it posteriorly. A well marked sulcus can be made out between it and the uterus. A sign that is mentioned, readily felt through the vagina, and which I have found well marked in two cases is an accentuated pulsation in the ovarian artery of the affected side. After rupture, the diagnosis, from a consideration of the symptoms and bi manual examination, should be comparatively easy.

Treatment. The treatment of extra uterine pregnancy should invariably be surgical. When the diagnosis is made before rupture, operation consists of the removal of the affected parts by abdominal section. In a pro

portion of cases, where the symptoms are carefully considered, it is possible to make a diagnosis before rupture. In cases seen at the time of rupture, if the constitutional symptoms are not urgent and there is a disposition for the patient to recuperate, and a well defined mass can be made out of one or the other broad ligament, it is advisable to defer operation until it can be accomplished after due preparation; and the patient has sufficiently recovered to enable her to better withstand the shock.

Where rupture occurs in the broad ligament prior to the completion of the second month, some authorities advise against operating at all, as the mass will probably be absorbed. The difficulty, in the first place, lies in ascertaining if the embryo is dead. Growth may continue with secondary rupture. Secondary and fatal rupture may take place after death of the fetus. Again, the woman will be left with a diseased appendage which will probably be the source of continued ill health. Suppuration may occur also. It is safer, in all cases, to operate.

The operation may be either vaginal or abdominal. The vaginal operation should be limited to those cases in which the rupture is undoubtedly intraligamentary and confined, and where the tumor is accessible to the vaginal finger for the complete removel of clots and membrane. Even then, it is open to the objection of the difficulty of securing satisfactory drainage, and the probability of leaving the patient as mentioned before, with diseased appendages that will require a subsequent operation. Also, uncontrollable hemorrhage and other complications may arise, rendering abdominal section necessary, after the already prolonged anesthesia and exhaustion of the patient.

Abdominal section must be undertaken in all cases where the bleeding is unlimited. The utmost expedition must be employed, as the dalay of an hour may be fatal. In such cases, the patient continues to grow worse, and examination reveals no defined tumor, but a bogginess may be felt in Douglas's *cul-de-sac,* due to the free blood in the abdominal cavity. After opening the cavity as rapidly as possible, every effort is directed toward securing the bleeding point and controlling hemorrhage. The hand is boldly plunged into the cavity, no attention being given to the accumulated blood, and the point of rupture is felt for and then compressed with the fingers until it can be secured with forceps. The blood and membrane are then removed, the cavity irrigated with hot saline solution, the affected parts ligated in the usual manner and removed, and the abdomen closed.

In those cases where the fetus goes to term, it is better to wait until its death before resorting to ope ation. Such a child is always poorly developed, and there is small chance of being able to prolong its life beyand a few days. There is, therefore, hardly any compensation for the additional risk to the mother of endeavoring to deliver a living child. After the death of the fetus, the placenta can be delivered with much less danger of hemorrhage or sepsis.

I wish to report the following case, it being, I believe, one of some rarity, and illustrating some of the conditions before described: I was called in consultation to see Mrs. X., who gave the following history: Age, 35 years; white; married; father died at about 33 years, of consumption; mother living and healthy, aged 58

years; lost one brother by accident at 8 years. Her health in childhood was very good; she began menstruating at 16 years, from the beginning suffering very much for the first two days of each period, and usually spending the first day in bed. The periods were regular, rather free, and lasted about six days. She was married at 23; and has had three children, now aged 10, 8 and 4 years respectively. Last April she had a miscarriage at the sixth week, and since then, has never been real strong, and has suffered somewhat with leucorrhea.

The last regular period occurred in the last part of July, missing in August. On September 9, there was marked nausea (which came on suddenly at 6 a. m.) attended by such great faintness and severe pain throughout the abdomen that she was compelled to lie down. On the next day she was attacked in the same manner, while at the dinner table. On September 16, at about six weeks' term, and that night also, she passed some membrane and clots. This was unattended by pain, she being unaware of anything until she discovered the clots. Then followed considerable uterine bleeding, but she got up on the third day. Irregular bleeding continued until September 30. On this day, she ate very freely of watermelon and other fruit, and that night she was taken with violent nausea, vomiting, and pain in the epigastrium and chest, and a stifling feeling in the throat. She became pallid and blind, and felt as though she were going to die. These symptoms were not relieved by vomiting, and continued throughout the night. Her physician thought she was suffering from an attack of acute indigestion.

The next day, the pain and soreness were felt all through the lower abdomen. The irregular bleeding continued, the patient was very weak, and though the pain in the epigastrium had ceased, that in the lower abdomen was such as to prevent her from standing upright, and necessitated her remaining in bed four days.

I was not called to see the case until some weeks after the above occurrences; and my first examination was unsatisfactory, owing to the extreme tenderness and rigidity of the abdominal muscles. I advised administration of an anesthetic, which was done several days later, when an enlarged tube of the mass of a moderate size sweet potato, could be outlined in the left side, curling back behind the uterus. The case was diagnosed as one of extra-uterine pregnancy, which was confirmed by Dr. Geo. Ben Johnston, and operation was advised.

I operated on the patient on November 15, 1900. Section was made in the median line, and the enlarged tube on the left side, distended by blood clot and bound down by adhesions was revealed. The tube and ovary on this side were removed and the other side explored. In Douglas's *cul-de-sac*, behind the right tube, there was discovered a round ball, about a half-inch in diameter and of a yellowish color, adherent to the peritoneum. The tube itself was in a thickened conditioned; and at about its central portion was a round perforation partially healed. The ovary on this side was in a condition of cystic degeneration. The tube and part of the ovary were removed, and the abdominal wound closed without drainage.

Examination of the left tube showed that rupture had not taken place; but the upper aspect was thinned to

less than the thickness of tissue paper, and in the event of any subsequent hemorrhage, would surely have ruptured into the abdominal cavity. The distension was caused by blood which had become organized and undergoing the changes due to the formation of a tubal mole.

Examination of the right tube showed that the perforation communicated with its interior; and the ball found in the free peritoneal cavity was a mole which had ruptured through the tube. It was not possible to determine the quantity of blood which accompanied this rupture, as it, if any, had been absorbed.

This was undoubtedly a case of simultaneous pregnancy in both tubes, with formation of tubal moles in both, and rupture of one tube. The woman made an uneventful recovery.

Chloretone in a Case of Ptomaine Poisoning.

By D. F. Stough, M D., Linn, Kansas.

On March 12 I was summoned to see two very sick children who were suffering with severe pains in their stomachs, and vomiting freely. Two other children in the same family were similarly affected, but to a much milder degree, while their father complained of abdominal pain and diarrhea. I made a diagnosis of ptomaine poisoning.

Under treatment, all of my patients recovered without interruption, except one little girl, seven years old, whose case was very stubborn, she vomiting persistently. No remedy that I used appeared to be of any value whatever; eventually I was forced to administer morphine and codeine to relieve the pain. This state of affairs continued for a week when I prescribed 5-grain tablets of chlorstone, one to be given every hour until the child became quiet. In all, 35 grains of the drug were given, when she went to sleep, this being about nine o'clock in the evening of March 18. The child slept until about the same hour on the 22d, or four days in all. On one occasion, on the morning of the 19th, she roused for a few minutes.

During the prolonged sleep the pulse ranged from 108 to 130 a minute, and the respiration from 20 to 26. During a part of this time the reflexes were very slight, and at times the little patient would barely swallow the beef extract and malted milk which were utilized as food. After waking, the patient was entirely free from pain and the vomiting thoroughly checked. She progressed from that time on to a complete recovery.

"Robinson's Lime Juice and Pepsin" is an excellent remedy in the gastric derangement particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See page 17 of this issue). See remarks on their Arom. Fluid Pepsin also.

D. T. Hudgens, M. D., Elizabeth, Ark., says: I have used S. H. Kennedy's Extract of Pinus Canadensis in leucorrhea with very good results. I have had under my treatment Mrs. S., age 33 years, for lucorrhea, with anteversion of the uterus. I used the White Extract per vagina as a local treatment for the leucorrhea, and the treatment was attended with success. I am satisfied that Pinus Canadensis should occupy a prominent position in our materia medica.

The Comparative Pathology of the Jews.

Maurice Fishberg in New York Medical Journal, April 6th.

The writer summarizes as follows: The death rates of the Jews, at all ages, are relatively and absolutely lower than those of the people among whom they live.

2. The marriage rates and birth rates of the Jews are smaller than those of the Christians; the Jews increase in number more rapidly than non-Jews because they lose by death relatively fewer children and bring more to maturity.

3. The Jews die less often than their neighbors from many of the infectious diseases, particularly epidemic cholera, small-pox and tuberculosis.

4. Syphilis and alcoholism, and also diseases due in a great measure to their poison are comparatively rare among the Jews.

5. Diabetes is very frequent among the Jews. Most observers have recarded that almost 25 per cent. of all case of diabetes occur in Jews.

6. All the functional neuroses and psychoses, particularly neurasthenia and hysteria, occur more frequently among the Jews than among the non-Jews; while all the organic nervous disease as tabes, general paralysis, etc., are less frequent, commensurate with the infrequency of syphilis and alcoholism among them. The great majority of cases of amaurotic idiocy occur in Jewish children, and insanity is met with among the Jews between two and five time more often than among Christians.

7. Blindness, color-blindness, trachoma and glaucoma, and also varicose veins, particularly hemorrhoids and hernias, are very frequent among the Jews.

8. All the peculiarities in the comparative pathology of the Jews are not due to any ethnic, "bio-static," or radical characteristics of purely anatomical or physiological nature in relation to non-Jews. They have their origin in the past history of the Jews, in their habits of life, and in the fact that syphilis and alcoholism have but rarely been seen among them.

9. Where the Jew is commingling with his Christian neighbors and adopts their customs and habits of living, he sooner or later loses his "racial characteristics" and his comparative pathology presents no special peculiarities. M.

Some Observations in Renal Surgery.

W. H. Allport in The Journal of The American Medical Association, April 6th.

This paper is a contribution to the natural history of error and is most instructive. The author reports fourteen cases in which "the operation outstripped the diagnosis;" we see the kidney taken for the spleen, and the spleen taken for the kidney; the liver sinking behind the colon to confound the surgeon in search of a kidney, and the kidney stretching its pedicle until it lies flush against the anterior abdominal wall; the gall-bladder finding its way into the loin and again into the *iliac fossa,* perinephritic abscess masquerades as calculus or appendicitis, and empyema as renal cancer; the stone in the kidney treated for Bright's and also the kidney cut for stone and none found. In summarizing, he says:

Roughly classed, the miscarriages appear to have resulted from a violation of one or more of the following principles: 1. The surgeon should not attach too great weight to the recollections or the subjective symptoms of the patient, unless borne out by physical signs. 2. On the other hand, due weight should be given to statements made by intelligent patients, especially in case where the objective testimony is abundant, but confusingly contradictory. Every legitimate opportunity should be offered the patient to establish a sequence of disease. 3. It is an error in pathologic conditions to place too great reliance on relations normal to the proper individual. 4. It is an error even in the presence of conditions which seem pthognomonic, to neglect every diagnostic resource, and to follow up each resource faithfully to its logical conclusion. 5. Among operative errors may be the improper care of the ureter; this should be ligated with cat-gut and brought separately in the wound after cauterizing with carbolic acid or should be inverted a short distance and stitched; kidney stumps should not be ligat d with silk; too deep incisions into the kidney structures are dangerous and jeopardize the subsequent integrity of the pelvis and ureter; the kidney and the operation wound should not be closed primarily after nephrotomies; drainage is much safer and may save a subsequent nephrectomy; a kidney riddled with sinuses is best removed.

M.

Abolished.—Teacher: What is meant by "opaque?"

Pupil: There isn't any such thing now, teacher, since those "X" rays were discovered.—*Puck.*

Orchid Culture in its Relation to New, Improved and Completely Effective Method of Disinfection.

J. M. W. Kitchen in Medical Record, March 30th.

This paper gives the author's experience in controlling insect and other forms of life in his orchid houses. After experimenting for several years he has reached the conclusion that formaldehyde is the most effective of all germicides and that in order to secure the best methods of disinfection, a large number of points of generation of the disinfecting vapor should be used. He thinks this method should also be applied to house disinfection.

M.

The Importance of Aseptic Vaccination, With Remarks on Vaccination in General.

Wilhelm Karl Kubin in Medical Record, April 6th

The object in presenting this paper is to report two hundred and twenty-four carefully studied cases observed in private practice; to call attention to the many complications and dangers which follow vaccination; to show by statistics the necessity for vaccination, and finally to emphasize the importance of pure virus, of proper method of operation, and especially of post-operative control of the patient.

The chief argument for the necessity of vaccination is shown by voluminous statistics based upon the protective power of cow-pox inoculation, many of which the author cites. The causes of the various untoward results may be enumerated as follows: first, impure virus; second, abnormal

course of the cow-pox itself; third, improper vaccination; fourth, patient afterward from under vaccinator's control; fifth, coincident disease: scarlatina, measles, etc.

A list of complicated cases are appended. The writer describes in detail his technique and concludes by suggesting that a national law for cumpulsory vaccination and revaccination should be passed and recommends that a knowledge of the importance of vaccination should be taught in our schools. M.

Pediatric Malaria.

Wm. A. Northridge in The Brooklyn Medical Journal, April.

Malaria is so different in its manifestation in children under the age of five years, that if one were to depend on the recognition of the ordinary symptoms of malaria as found in the adult, the existence of the disease in certain cases would often remain undiscovered. The quotidian is the common type; of 576 cases the author has recorded 456 quotidians, 84 tertians, seven double quotidians and 17 remittents. The fever stage seems to be the only distinct one, the temperature varying from 104 degrees F. to 108 degrees F. The chill is usually absent, frequently being replaced by convulsions. Nausea and vomiting occur in about two thirds of all cases. The nervous system is often profoundly affected.

In cases of infantile diseases where the diagnosis is in doubt, and where fever and periodicity are present, even in a slight degree, the presence of hematozoon should be suspected. Quinine is the specific remedy; arsenic stands next. In cases that persist, removal to a section free from malaria is imperative. M.

On the Diagnosis and Prognosis of Diabetes Mellitus.

Henry S Stark in Medical Record, April.

Neither acute or chronic glycosuria *per se* is sufficient evidence to warrant a diagnosis without other clinical manifestations of the disease. Cases where diabetes dyscrasia is present but glycosuria absent and vice versa, are distinctly unique. The following features he gives as of great prognostic importance: age, power of assimilation of carbohydrates, early recognition of the affection, the presence of intercurrent and complicating diseases, condition of the urine, the power of absorption of the other food-stuffs than carbohydrates. The summary shows that all cases arrange themselves in three types from a prognostic standpoint. 1. The mild type, those cases in which the glucose disappears upon the gradual exclusion of carbohydrates. 2. The medium type, those cases in which the glucose disappears only after the complete exclusion of carbohydrates. 3. The severe type, those cases in which the glucose does not disappear despite the complete exclusion of carbohydrates and even proteids. M.

The Early Recognition of Malignant Growths.

Edgar A. Vander Veer in Albany Medical Annala, April

The writer advocates early operation for growths which are apparently benign, as so many of them prove, when too late, that they are malignant and beyond any chance of relief.

It is by no means an easy task to recognize a malignant growth in its early stages, but if we go upon the assumption that all growths are malig-

nant until proven otherwise we will seldom miss our diagnosis. He gives the following reasons for the early recognition of malignant growths: first, the patient, not having been debilitated by a long and tedious strain upon the system, can the better withstand the risk of shock and hemorrhage of an operation; second, the greater the probability of a complete removal of the malignant growth by an early operation, and so the less liability of its return; third, the growth being small, the incision will correspond, and so the avoidance of unsightly scars.

He describes an instrument for the early diagnosis of the tumors of the breast which ought to have a more general use .It consists of a fine canular sharpened on the inner edge, which when rotated by means of a handle at its upper end, acts like a trephine to remove a minute circular disc of tissues large enough to make a section of ample dimension for microscopic study.

An exploratory incision is advocated in clearing up the diagnosis in an obscure case.

an obscure case. M.

Some Fallacies of Therapeutics.

George L. Peabody in Medical Record, March 30th.

The writer attacks the class of mixtures known as "tonics" and "bitters," which are largely consumed by the laity, regarding them as containing a large amount of alcohol, the irritant effect of which stimulates the gastric mucous membrane, thus increasing appetite. The constant consumption of such compounds produces a very deleterious effect upon the heart, arteries and tissues generally. Boric acid occupies a prominent position among the fallacies of therapeutics, its disinfecting power being negative and for practical purposes in this application it must be disregarded entirely. Its sphere of usefulness is limited to wounds which are likely to contain infecting organisms, such as result from injuries in factories, railways, mines, etc., and also in abscesses, furuncles, ulcers, gangrene, etc. Its advantages are: non-irritating, relatively non-poisonous, being rapidly eliminated from the body; contact with the body tissues does not interfere with its potency. Tannic acid is another agent whose general use is much open to criticism, and the author thinks there is no warrant for the very convenient belief that after its absorption it can produce styptic or hemostatic effects upon remote organs. Ergot is known to produce a primary fall of blood pressure, which is followed almost at once by an enormous and persistent rise of pressure in the arteries. There is no proof that ergot causes any contraction of the pulmonary vessels, and it is known to cause a rise in pressure in the pulmonary artery; yet, in spite of these facts, it is frequently given to arrest pulmonary hemorrhage and is still recommended for that purpose by some of the best writers on practice. Lithium is almost valueless when given as a solvent in gout and in large amount is especially likely to disorder digestion. In regard to mercury, therapeutic ideas are especially rich in fallacies, thus, calomel is still given to stimulate the liver, whereas experiment has long since proved it to be a hepatic sedative. As to the iodides, potassium iodide especially, is a willing horse that has been much overridden. In gout and arthritis defor-

mans it is wholly without effect, and in the treatment of pleurisy, pericarditis, peritonitis, meningitis, etc., its effects are only problematic. The present day of fallacy of gaseous disinfection is to be regretted. The inhalation of oxygen is often practiced upon very absurd premises, and its sphere of usefulness under normal atmospheric pressure is very limited. Arterial blood is more than nine-tenths saturated with oxygen by the breathing of atmospheric air; and if we could increase this amount by letting a patient breathe pure oxygen, it would not benefit him.

Chronic Gonorrhœa and Marriage.

Ludwig Weiss in Medical Record, March 23rd.

Weiss discusses the fallacy of supposing gonorrhœa cured when the discharge ceases or when one or two cover-slip examinations of the discharge fails to reveal the presence of the gonococci. He questions whether gonorrhœa is curable, and thinks that permission to marry should be given only when, after repeated and careful microscopic examination of slide specimens, and an exhaustive bacteriologic and miscroscopic investigation of the threads and of the secretions of the prostate and seminal visicles, done under the strictest rules and with the aid of Goam's method, the absence of the gonococci can be fully established.

The Question of Drainage iu Appendicitis.

Dr. M. A. Pond (*Medical News*) discusses this question and presents an argument against drainage.

Much of our knowledge concerning abdominal drainage we owe to the labors of the gynecologists; they recognize the fact that when abscess cavities were ruptured intraperitoneally that little or no harm came of it, provided it was *not* walled away from the rest of the abdominal cavity and that the septic material could be presented to a larger portion of the peritoneum. Septic areas in their field were cleaned with as much care as possible and the abdomen thoroughly irrigated and closed with good results. These patients showed a decrease of hernias and resulting ileus following operation and presented an earlier and firmer union, and a more tranquil convalescence, than when the cavity was drained.

It is still an open question whether it is the drainage of the peritoneum that takes care of the large amount of septic material; when the fact of the rapid formation of pus is considered, it is hardly possible to believe that it is all removed by drainage, for capillary attraction, the physical force to which drainage owes its application, is at best a slow process, and if the peritoneum does not take care of that which is not removed by the drain, how can we explain its removal; again granting that the gauze removes all the pus, how does the peritoneum tolerate the presence of pus that must accumulate at the bottom of the drain, during this drainage process, if it be so susceptable to the infection?

It is known that the peritoneum is capable of disposing of large quantities of pus under favorable conditions, and chief among these conditions is equal distribution over the peritoneal area; in order to do this it becomes necessary to use some agent which will put pus and pus-forming elements into solution and in chosing this agent some very important points to

be desired may be mentioned.

1. Sterility. One species of bacteria is often inert or latent until another species is introduced, thus combining the efforts of both, and a heretofore latent sepsis becomes a rapidly active infection.

2. Power of holding in a homogeneous solution the pus as well as the blood and blood clots incident to the operation, in order to permit of equal distribution over the peritoneal cavity. The presence of blood clots in a septic cavity cannot be overestimated; no richer culture medium is known for bacteri, and these must be protected from invasion.

3. Stimulation of absorption. It is most desirable to remove all septic material as soon as possible and this is made possible by the power of absorption of the peritoneum which is enormous, namely, from 3 to 8 per cent. of the body weight in one hour.

Hot saline solution is very effective and fills all the requirements; it can be made sterile and introduced sterile into the peritoneal cavity; it posseses the power of putting pus and pus-forming elements, such as blood and blood clots, into solution, thus removing the danger of fresh invasion of infection, and being hot, temperature 105 degrees to 108 degrees F., is a most active stimulant to the peritoneum and its use is unattended by unpleasant sequelæ.

Increased hepatic activity is another step in the right direction. Such activity produces a detergent influence in all cases of general sepsis as well as in localized infectious processes, besides removing from the entire physical economy various substances which in themselves would aid, if not produce septic conditions; this function is certainly worthy of careful study, as it will increase the resources of the surgeon in combating infection, since through the portal circulation we can increase the general resistance against bacteria.

Posture does much in these cases; elevation of the foot of the bed a few inches tends to gravitate the fluids towards the diaphragm and absorption is increased in this locality since the diaphragmatic lymph-spaces afford an avenue of rapid absorption of sepsis held in solution.

He reports six cases, in each of which there were abscesses. The stump of the appendix was treated with pure carbolic acid, inverted and retained with a pursestring suture of fine catgut. The abdomen was flushed out with hot saline solution, with gloved hand, other absceses were searched for, and if found, broken up, flushed out and dried with sterile gauze. When completing the operation abscesses are broken up as much as possible, the abdomen if left full of saline solution, the abdomen wound closed, and a saline anema given. The foot of the bed is kept elevated for 24 hours. In four of these cases the result was perfectly satisfactory, two cases being complicated by a mural abscess due to a faulty technique. In one of these the sloughing appendix was allowed to strike against the edge of incision, and in the other the abdomen had to be reopened to find a gauze pad which had been left in the cavity. In the latter, necessary haste probably caused faulty technique in the second closing. It seems that the general trend of the times is to do without drainage in all classes of surgery, as far as the removal of pus is concerned. The maxim given with so much wisdom a few years ago, "When in doubt, drain," is about to be

revised to read, "When in doubt, do not drain."

Resection of the Cervical Sympathetic.

Williams (*Medical News*) reports a case in which the cervical sympathetic was resected on account of secondary glaucoma dependent upon sympathetic iridocylitis plastica.

T. P. W., white male, aged 18 years, received a perforating lacerated wound of the cornea and iris of the right eye in 1887. Sympathetic trouble began in the left eye in September, 1894. For this latter condition he received antiphlogistic treatment to the left eye and enucleation of the right globe. In June, 1897, vision—20-100 . One year later cataract had developed, further impairing vision, while the tension of the globe had increased 2. Iridectomy was then performed with partial success in reducing the tension. Later, tension again increased.

The incision was made along the posterior border of the sternoceidomastoid and the cervical sympathetic located lying upon the major rectus capitis muscle, back of the pneumogastric and so close to it that it was difficult to distinguish the one from the other. This was done, however, by pinching them alternately and noticing the effect upon the rapidity of the pulse. Stripping the sympathetic ganglion and cutting away its branches, its lower end was severed from its continuation below, then, with curved scissors, the upper end of the ganglion was cut just as it emerges from the cranium.

Within a few minutes the conjunctiva was greatly congested, the eyes suffused with tears, light left lateral sweating, with redness of the side face and ear, began, and there was some flow of nasal mucus. The next day the patient had reacted well, pain in and around the eye was relieved, there was ptosis of the left eye-lid, but owing to fixation of the iris to the capsule of the lens, no change of the pupil was observed. In addition to the above symptoms, there was complete anesthesia of the left ear and marked huskiness of the voice. The conjectival injection, the lachrymation and nasal discharge gradually disappeared.

It must be understood that the two last symptoms are not dependent upon the sympathectomy, but were the results of unintentional wounds of special nerves, occurring in the course of the operation, and are not necessarily present in every operation.

Reasoning from its physiological effects for its therapeutic results, sympathectomy has been undertaken for the relief of glaucoma, exophthalmic goiter and epilepsy. Recently it has been performed in vertigo of cerebral anemia (once), and essential migrane (once) by Jonnesco, in facial neuralgia (three times) and spasmodic torticollis (twice), once by Chipault and once by Kalmus, all reporting successful results. As a surgical procedure, it dates its birth practically from 1895, and its value is still in doubt, awaiting for its answer the test of time.

In addition to the symptoms always present on section of the sympathetic, there is in glaucoma immediate relief of pain; intraocular tension falls in a few days to normal or below, and improvement of vision begins. In some cases tension is relieved at once. Zimmerman noted in one case a fall from $2\frac{1}{2}$ to much below the normal just after the operation; Dr. J. M. Ball, of

St. Louis, in one case saw it fall from + 2 to + 1 in twenty-four hours, and in a second case from + 3 to + 1 in a short time.

Sympathectomy is indicated in glaucoma simplex, inflammmatory glaucoma simplex, inflammatory hemorrhagic glaucoma early in the disease; and it should be tried in absolute glaucoma with pain, in preference to enucleation. In unilateral trouble the gangloin of the corresponding side should be exercised. While sympathectomy may not be curative in every case of glaucoma, the results thus far have been sufficiently satisfactory to make it a desirable procedure in this much dreaded disease.

Dioxogen.

The Oakland Chemical Company announces a distinct name for Oakland hydrogen dioxide.

To those familiar with the history of peroxide or dioxid of hydrogen, this new move will not be much of a surprise. Years ago, before Oakland hydrogen dioxid became known, the quality of peroxide of hydrogen that was then supplied to the physician was very poor, and owing to conflicting results many of the best practitioners of the country had abandoned its use; to-day there is no antiseptic which is more largely used or has a wider range of application, and as a consequence there are lots of very inferior solutions palmed off on the profession.

A Stage of Progress.—Since pigs were introduced into the new Hebrides the natives, it is said have come to regard human fiesh as second best.

The Superior Qualities of Sanmetto in Cystitis, Prostatitis and Gonorrhea.—I have used Sanmetto quite extensively in cystitis, prostatitis and gonorrhea, and find it far superior to any preparation or any prescription I have ever used. It controls admirably those cases of prostatitis where there is excessive desire to urinate frequently but an inability to do so.

R. M. MEEK, M. D.,
Mem. Sandusky Co. Med. Soc.
Mem. N. W. Ohio Med. Soc.
Fremont, O.

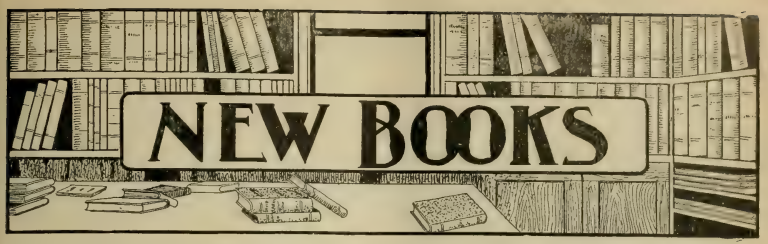
Next fall there will be observed in England very extensively the thousandth anniversary of the death of King Alfred. A movement is also under way in America to participate in this celebration, and certainly Americans are equal sharers in what Sir Walter Besant calls "The Heritage of King Alfred." In an article with this title, printed in the March Magazine Number of the The Outlook, Sir Walter pays an earnest tribute to the achievements of Alfred in establishing law, clearing the land of evil and encouraging scholarship and the arts. ($3.00 a year. The Outlook Company, 287 Fourth Avenue, New York.)

It appears that cancer does not prevail at all extensively among the natives of India—which may be taken as additional evidence of the overfeeding and meat-eating among the favored peoples of temperate climates in the occurrence of this peculiar disease.

His Profession.—Prisoner: "I was quietly attending to my work when this man arrested me."

Magistrate: "What is your business?"

Prisoner: "I am a burglar."—*Tid-Bits.*



The Medical News Pocket Formulary, New (3d) Edition. Containing 1700 prescriptions, representing the latest and most approved methods of administering remedial agents. By E. Quin Thornton, M. D., Demonstrator of Therapeutics, Pharmacy and Materia Medica in the Jefferson, Medical College, Philad'a. New (3d) edition, carefully revised to date of issue. In one wallet-shaped volume, strongly bound in leather, with pocket and pencil. Price $1.50, net. Lea Brothers & Co., Philadelphia and New York, 1901.

The Medical News Pocket Formulary is admittedly the best and most trustworthy of its class, and the only one which gives under each prescription full directions for use, and clear indications for the special phase of the disease to which the remedy is peculiarly adapted. Great care has been used to exhibit every drug with due regard to palatability and pharmaceutical elegance.

The prescriptions, of which there are over seventeen hundred, are arranged alphabetically under the various diseases. The rapid exhaustion of the first edition has given its author an opportunity to revise his work carefully and thoroughly, bringing it to the present date and adding all the newer drugs which have been proved worthy of use.

Books of this description have a legitimate field of usefulness. The best informed practitioner may at times forget an appropriate drug or a happy combination. The treatment of disease will often be more successful if the physician has at hand the collective experience of the leaders in the profession.

The Outlook is making a point of publishing in each of its monthly illustrated issues, portraits and brief sketches of men and women of immediate interest. The May issue contains fine portraits of Governor Odell, the Countess Tolstoi, the New Attorney-General Knox, Prince Ito, (the Japanese statesman), Mr. B n Foster, whose painting, "Lulled by the Murmering Stream," is one of two American landscapes recently purchased by the French government for the Luxembourg; portraits of the men who have made the Pan-American Exposition at Buffalo possible are also included. ($3 a year. The Outlook Company, 287 Fourth Avenue, New York.)

The May *Scribner* contains in part:

A new short serial by Kate Douglas Wiggin, to run through three months, is the leading feature of the May *Scribner.* Mrs. Wiggin's delightful humor, revealed so charmingly in the Penelope books, appears in every page of "The Diary of a Goose Girl." It is the story of a beautiful American girl who flees from an attractive but too persistent lover to the seclusion of a goose farm

in a quiet English country.

A young student of social questions, Robert Alston Stevenson, presents a most impartial study of "Saloons" in a great city.

Walter A. Wycoff, the author of "The Workers," also presents a social picture in his article "With Iowa Farmers." This journey through a land of plenty where laborers are scarce, is one of the brightest episodes in Mr. Wycoff's wanderings.

John Fox, Jr., concludes his presentation of "The Southern Mountaineer." His two articles have made real and vivid an important political and social element in three great States.

The most heroic figure in the Boer war is undoubtedly General Christian DeWet. He is described briefly in this number by one who knew him in the field—Thomas F. Millard, the war correspondent.

Among the short stories in the number are another Raffles adventure by Hornung, a railroad story by Louis C. Senger, and a tale of adventure on the Isthmus of Panama by Walter S. Meriwether. These are all illustrated.

The Physician's Visiting List.

P. Blakiston's Sons & Co., Phila.

This is a handy pocket companion that is invaluable to the busy practitioner. It is enjoying its fiftieth year of publication, which alone speaks for its merits and popularity. It is complete and concise, devoting several pages to tables for interchanging weights and measures, comparison of thermometers, dosage, utero-gastration reckoning, asphyxia and apnoæ, and other information useful to the physician.

Enough Money was spent by the American people on trash during Christmas week to dig the Nicaragua Canal, and the annual outlay on patent medicines for self-medication, if devoted to the purpose, would soon give St. Louis a deep waterway to the Gulf.

Nitrate of Potash in Snake Bites.—A Texas physician says after long experience he finds nitrate of potash a specific in snake bite. The dose is a teaspoonful for a child, and a tablespoonful for an adult, well pulverized and given in a glass of cold water, applying it also to the bite.—*The Medical Times.*

Why and When We Feel Hungry.—Doctors have long disagreed about the direct cause of the feeling of hunger, but a German physician, according to the *Staats-Zeitung* (New York), has at last given a plausible explanation. He says we feel hungry when the blood-vessels of the stomach are comparatively empty. When the food is taken and digestion begins there is a rush of blood to the stomach and the hunger is appeased. Many anemic patients have no appetite even when the stomach is empty; but the blood vessels of the stomach are not empty in such cases, but rather congested. In healthy people lack of blood in the stomach acts upon a special nerve and all the characteristic symptoms of hunger follow. Now this hunger nerve and the nerves of the mouth and tongue are branches of the same nerve-trunk. Hence a stimulus applied to the tongue, by a spice for example, creates or increases appetite. On the other hand, when the nerves of the tongue are affected by a diseased condition of the mucous membrane of the mouth, the patient has no appetite, though his stomach may be empty and he may be in actual need of food.

MEDICAL NEWS AND ITEMS.

The plague continues to increase at Cape Town.

The North Carolina Medical Society meets in Durham on May 22nd.

Doctors have some privileges; they are not legally bound to attend calls, even if the "money is ready."

Family Friend—"What did Mr. Singlar die of?"

Bridget—"Indade, Oi don't roightly know which it was, mum. There were sivin docthors av thim altogither."

Sterilizing Money.—The Cheshire National Bank, of Keene, N. H., has recently taken a very unusual precaution. Scarlet fever is epidemic in that town, and to prevent its spread the bank has put in a sterilizing oven, in which all the money which passes through its hands is to be sterilized. —*Medical Record.*

It has been estimated (?) by Dr. Dana that the maximum number of drunks the human organization can stand is about 3,000. If a fellow, then, will be satisfied with getting drunk once a week he may keep up the frolic about 60 years. That will be good news for the Saturday night topers.

The Lancet states that pure cultures of the photobacterium—which is the cause of the phosphorescence of the sea—can be obtained by placing a fresh haddock or herring in a 2 per cent. salt solution and keeping it at about seven degrees above freezing. In a few days the fish and all the fluid give off a pale greenish light, made more brilliant by adding a little sugar. The cultures can even be photographed by their own light.—*Medical Times.*

Havana is reported to have gone a whole year without a case of yellow fever for the first time in her history. This speaks well for the improved sanitary condition of the city under modern American management, and it is also a source of encouragement to the South, which has just cause to dread the importation of the infection with each advent of the heated season.

Judge Decides in Favor of Christian Scientists in Wisconsin.—Judge Elliott, in the Circuit Court, Milwaukee, recently decided that Christian Scientists were not liable to prosecution under the State medical law. The court ruled that the Scientists could no more be held for practicing medicine when their means for healing was by prayer than could a minister who prayed at the bedside of the sick and received therefor a fee, either directly or indirectly.—*New York Medical Journal.*

The discovery has been made recently that camphor, which has been known hitherto only as a vegetable product, or made synthetically by chemists, is produced also by a small animal, slightly resembling a worm, though having a number of feet, and known as a diplopod, with the scientific name of polzonium rosalbium. The animal is found in Ontario county, New York, and upon careful examination, it has been ascertained that the substance which gives the odor of camphor is a milky fluid, which is exuded from the dorsal pores. This liquid not only smells, but tastes like camphor. The study of the camphor worm, which forms the subject of a paper in a recent issue of *Science,* presents many interesting chemic and biologic problems.—*Medical Times.*

Michigan Plague Case.—Charles B. Hare, the Ann Harbor student supposed to be suffering from bubonic plague, is on the road to recovery. Dr. Norvey, the University of Michigan professor and one of the experts despatched by the government to San Francisco to investigate the plague situation there, says with regard to Mr. Hare's case: "Nothing has yet been decided, but he is recovering rapidly. He will be kept isolated until next week, or until it is certain he cannot spread the infection."—*Medical Record.*

Contagion Among Nurses.—Cornet states that two-thirds of the members of the religious sisterhoods, who work among the sick, die of tuberculosis. * * * Rumple reports 114 cases of disease with 10 deaths among 300 nurses employed in the Hamburg hospitals, and 43 deaths among the 2,349 nurses in the eighteen Red Cross hospitals in Germany; seven from typhus and sixteen from other invectice disease during the last three years. The total number of cases of disease acquired prefesionally amounted to 460, including 56 cases of typhus, 53 of diphtheria, 15 of scarlet fever, 6 of measles, 30 of wound infection, and 118 of various forms of angina.—*Jour. Asso.*

Medical Etiquette in China.—Chinese doctors are said to be even more scrupulous than their white brother practitioners in regard to the nice points of professional etiquette. Indeed, if reports be true, this honorable custom is at times carried to very inconvenient lengths. The following amusing tale is related in an English journal, which, if not veracious, is at least bentrova to: A Chinese gentleman was struck by an arrow, which remained fast in his body. A surgeon was sent for, and broke off the protruding bit of the arrow, leaving the point imbedded. He refused to extract it, because the case was clearly one for a physician, the arrow being inside the body.—*Medical Record.*

The Wisconsin Courts Define the Rights of Medical Examiners.—The Wisconsin State board of medical examiners has the right to determine whether an applicant for registration is a reputable resident physician, and its decisions on this question cannot be reviewed by a mandamus. Such is the rule recently laid down by Judge Siebecker in the Circuit Court at Madison, Wis. The decision was rendered in the case of Dr. W. M. Caswell, of Hillsboro, against the State board, Dr. Caswell seeking to compel the board to grant him a certicate of registration. The board has been waiting for the disposition of the case before beginning prosecutions against a number of unregistered physicians in different parts of the State.

A Student of Ann Arbor Has Bubonic Plague, but Will Recover.—Dr. Victor C. Vaughan, dean of the medical department and one of the most noted bacteriologists in the country, appeared before the State board of health, at Ann Harbor, Mich., on April 15th, and practically acknowledged that the case of the student, C. B. Hare, was one of bubonic plague. He assured the board that there would be no spread of the disease and the student would recover. Dr. Norvy, who attends Hare, wears a germ-proof rubber garment that covers him from head to foot, and he also injects preventive doses of serum into himself. Dr. Vaughan told the board that Hare contracted the disease by

an accident almost identical with that which occurred in Vienna in 1898. Professor Nothnajle and his assistant, Barisch, were conducting bacteriolog ical experiments on bubonic plague baccilli. Barisch caught the disease and died, as did also Dr. Muller, who attended him.—*New York Medical Journal.*

The Working of the Tennessee Medical Law.—At the recent State medical examination in Tennessee, there were thirteen appplicants from outside the State, ten of whom passed, and 150 from Tennessee colleges, all of whom were passed without examination. This shows the effect of recent legislation exempting Tennessee graduates, but this is not all; a number of new schools were reported, and at least one has already its graduate applying for a license. Besides medical schools of varying pretensions there were magnetic schools whose output had also to be licensed under the law. The State has now over two thousand medical students in its institutions, of all classes, and bids fair to become overrun with its own legalized graduates before the idiotic legislation responsible for the present conditions can be repealed. There are possibilities almost as bad as being a dumping-ground from outside sources, and Tennessee seems likely to experience them.

Mark Twain is reported to have said lately that if Mr. Carnegie would let him write the books for his proposed sixty-five branch libraries in New York, he (Mark) would grow so rich that he could afford to found libraries himself and let Mr. Carnegie write the books. Mr. Carnegie, however, long ago acquired this habit, and his name was on the title page of two or three books written many years before his last volume, "The Gospel of Wealth." One of these earlier books has sold, it is reported, to the extent of 40,000 copies. At the Authors' Club an amusing story is told of his literary ambitions. Shortly after the foundation of the club, Mr. Carnegie made application for membership. In reply the secretary wrote to him that only *authors* were eligible for membership, intimating humorously that even Crœsus could not have been a member unless he had published a book. By return mail came a letter from Mr. Carnegie to the effect that although unfortunately "he could not deny that he was a very rich man, yet he was at the same time a *poor* author," and begged leave to submit therewith a copy of his recent volume as an evidence of his qualification. The answer so pleased the club that he was forthwith elected. Shortly after, Mr. Carnegie gave to the club, free of rent, one of the beautiful apartments in the Carnegie building, and it thus happens that the club, not having to pay for an expensive domicile, is financially one of the most prosperous clubs in the city.—*Literary Digest.*

X-Rays Without Electricity.—A cable to the New York *Sun,* April 2d, reports that it was announced on April 1st, at a sitting of the Academy of Sciences, that M. Curie, a chemist, has separated a new gas from rhodium. The gas is intensely phosphorescent, and will glow for months in the dark. It was also announced that M. Nordon, a scientist, had found means of producing x-rays without electricity, by exposing a metal plate to the rays of the violent end of the spectum.—*Medical Record.*

"Rudolph Virchow Fund."—To the American Medical Profession: On October 13, 1901, Rudolph Virchow will be eighty years old. When he completed his seventieth year a fund was started in his honor to enable the great master to facilitate scientific research by establishing scholarships, and by encouraging special medical and biological studies. Contributions to that "Rudolph Virchow Fund" were furnished by those in all countries interested in progressive medicine, as a homage to the man whose name is always certain to arouse admiration and enthusiasm. In Berlin a large committee, containing among others, the names of A. Bastian, v. Coler, A. Entenburg, B. Fraenkel, O. Israel, Fr. Koenig, C. Posner, and W. Waldeyer, has been formed to call for contributions which are to be added to the original "Rudolf Virchow Fund" so as to increase its efficiency. The committee expresses the opinion that in no better way, and in none more agreeable to the great leader of modern medicine, can his eightieth birthday be celebrated, and ask for the sympathy and cooperation of all those engaged in the study and practice of scientific medicine all over the globe. The undersigned have formed a sub-committee for the purpose of making the American profession acquainted with the intentions of the Berlin committee, and urge their colleagues to participate in honoring the very man who has done more, these fifty years, than any other, to make medicine a science, and international. Subscriptions should be sent to their secretary, who will receipt therefor. Charles A. L. Reed, president of the American Medical Association; Henry P. Bowditch, president of the Congress of American Physicians and Surgeons; William K. Welch, Johns Hopkins University; Robert F. Weir, president of the New York Academy of Medicine; A. Jacobi, 110 West 34th street, New York, Secretary.

The St. Paul Meeting and Yellowstone Park.—Arrangements have been completed for an excursion of the members of the American Medical Association to Yellowstone Park. The committee of arrangements has finally succeeded in persuading the officials to open up the park a week earlier than usual in order to accommodate the association. A special train will be run from St. Paul to the Yellowstone Park and the railroad officials have promised to do everything in their power to make it satisfactory to all concerned. The rates will be very low, but how low can not at this time be definitely stated. Those who attended the meeting in 1892 will remember with much pleasure a similar excursion that was run at that time, and these will not need to be informed that the one now proposed will be full of enjoyment. Further announcements will be made later. The Yellowstone National Park contains more natural wonders than are found anywhere else in the world, and this will be a rare opportunity for our Eastern friends to see what this portion of our great West possesses.

Exaggerated sensitiveness is a foe to happiness and the direct source of melancholy. In its earliest stages it is amenable to self treatment. Many a restoration to happiness has occurred by the revelation to one's self that by undue sensitiveness he has been making life intolerable to himself and to his friends.

The Most Perfect Form of Dosimetry

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WM. R. WARNER & CO.'S

PARVULES

The term Parvule, from *Parvum* (small), is applied to a class of remedies (Warner & Co.'s) in the form of minute pills, containing minimum doses for frequent repetition in cases of children and adults. It is claimed by some practitioners that small doses given at short intervals, exert a more salutary effect Sidney Ringer, M. D., in his work on Therapeutics, sustains this theory in a great variety of cases.

20 cents per 100 for any of these formulae

Parvules of Calomel, 1-20.

[WARNER & CO.]

Med. Prop.—Alterative, Purgative.

DOSE—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain) produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause; and sickness of the stomach does not usually follow.

Parvules of Calomel and Ipecac.

[WARNER & CO.]

℞ Calomel, 1-10 gr. Ipecac, 1-10 gr.

Med. Prop.—Alterative, Purgative.

DOSE—1 to 2 every hour. Two Parvules of Calomel and Ipecac, taken every hour, until five or six doses are administered (which will comprise but a grain of Calomel), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause: sickness of the stomach does not usually follow.

Parvules of Aloin, 1-10.

[WARNER & CO.]

Med Prop.—A most desirable Cathartic.

The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one to two every evening at and about the expected time.

DOSE—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt and ample cathartic effect, unattended with nausea, and in all respects furnishing the most aperient and cathartic preparation in use. For habitual constipation, they replace when taken in single Parvules the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

Parvules of Podophyllin, 1-40.

[WARNER & CO.]

Med. Prop.—Cathartic Cholagogue.

Two Parvules of Podophyllin, administered three times a day, will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

Parvules of Arsenit: Potash, 1-100.

[WARNER & CO.]

This Parvule will be of great use to Physicians, as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

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Brief Notes On Various Forms of Diarrhea.

By I. Loewenkopf, M. D., New York City, New York.

The mission of the medical fraternity being to relieve human suffering, it is the moral duty of every physician to report his observations of any new means toward the speedy attainment of that noble end. Hence this report.

In the early part of July last I had under treatment an obstinate case of summer complaint in a child of about three years of age. All approved means of therapeusis, medicinal and dietetic, availed little. The child continued to have watery and frequent stools, and grew thinner and weaker with every passing day. I was about to give it up in despair when an article on tannopine in the treatment of diarrhœa came to my notice, which impressed me so favorably that I decided to give this drug a trial. And a true friend it proved to be. I started with three grains every two hours for the first two days, increasing the interval between the doses during the subsequent days, until it was given only three times daily. Improvement was noticed on the third day, progressing steadily, until at the end of two weeks the stools became normal in consistency and frequency, when the drug was discontinued permanently, the child recovering its weight rapidly under nourishing diet. No outward effect was noticed at any time during the entire period.

One swallow, however, makes no summer, and before admitting it to be a permanent place in my armamentarium, I determined to give this new astringent and disinfectant a further and more exhaustive trial, with the following results:

Case I. R. B., two and one-half years old, was taken sick with symptoms pointing to an intestinal trouble. Two physicians treated it successively (in this locality physicians are frequently changed) for summer complaint, but without any apparent results. When I took charge of the case the only thing the mother complained of in the condition of the child was the watery and frequent stools. According to her statements the stools would run out of the child every time she picked it up, which I was able to verify for myself. The child was emaciated, with an anxious, slightly frowning expression. The temperature never exceeded 102 degrees F.; the pulse was rapid and feeble. Tubercular meningitis and peritonitis suggested itself. The family history was good; the child had never fallen nor received any injury to its head. The diagnosis was therefore withheld, and treatment instituted to relieve the diarrhea. Three grains of tannopine were given every three hours, and although the stools did not become normal, still a marked improvement was noticed. A typical meningitis developed later, the child dying on the eighth day after my first call. This case shows that even in tubercular peritonitis tannopine did some good in relieving the distressing diarrhea.

Case II. A. E., a little bright girl of nine, a pupil in one of our public schools, came to me one day with a plaintive petition to give her a letter to the teacher that she must go to the

Power and Protection.

The source of body-energy is found in the potential energy contained in food. The fats contain more available energy, weight for weight, than do either the proteids or the carbohydrates. Physiologically, the body fat must be regarded as a reserve supply of nourishment. The larger this supply of fat, the more effectively will the proteid tissue in the parenchyma of the viscera be protected from destruction.

WM. H. HOWELL, PH. D., M.D.,
Prof. of Physiology in Johns Hopkins

Whatever may be the importance conceded to the administration of nourishing and digestible pabulum by the alimentary economist, the therapeutic dietetist must necessarily consider it a problem of supreme consequence. In a state of *health*, the indiscriminate ingestion of food may be indulged in with comparative disregard to its dynamic value. But in conditions of *disease*, the potential energy of the food and its demands upon the system for assimilation, largely determine the successful issue. Fat energizes function and protects parenchymatous tissue. "HYDROLEINE" is a predigested form of fat, scientifically prepared for physiological use.

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water-closet more than once during school hours. On further inquiry, I elicited the fact that she had been chidden by her teacher for her frequent requests to leave the school room, and told to remain, which gave rise to much annoyance owing to her inability to control her bowels. She suffered from a painless diarrhea, which had existed for a long time. During vacation it did not bother her, because it did not hurt her, but when school time came around it was rather inconvenient, as her frequent trips to the closet disturbed the school. She was immediately put under tannopine treatment, four grains every three hours. She was given medicine enough for one week, and told to report at the end of that time, but I did not see her until lately, when she came to call me to her mother. On inquiry I found that the diarrhea had ceased soon after beginning to take the powders, and had never returned.

Case III. H. K., an infant at the breast, attacked during the hot season with summer complaint. The child could not retain any food, and every time it vomited, which was quite frequently the case, it had an ill-smelling, greenish discharge from the bowels. As is very frequently the case in this district, known as the lower east side, the patient's mother consulted her friends and dosed the child with all kinds of irrational things, aggravating the disease considerably. When a physician was finally called, the child had bloody stools full of matter, as the mother put it. The patient grew from bad to worse, and the change of physicians was going on at a very rapid rate, until finally the patient landed in my office. The story then told convinced me that it was a hard case to deal with, and that they would not leave the child long enough under my care to observe the result of treatment. I therefore urged them to let me keep it under observation for at least one week, agreeing to call a professor (a professor means here a great deal more than the word itself conveys to the mind) if no improvement should have taken place at the end of that time. High rectal enemata of normal saline solution were ordered every three hours. Albumenized boiled water was given frequently in small quantities, and four grains of tannopine every three hours. On the third day there was hardly any blood in the stools, and intestinal lavage was reduced the next day to three times in the 24 hours. The child made an uneventful recovery, and at the end of the third week it was so much better that I ceased my visits.

Cases of this kind could be cited in sufficient number to weary the most patient reader, but one instance is too good to be passed over in silence. When my faith in tannopine had become fully established, I usually expected improvement on the third day at the latest. Having been called to a child suffering from summer complaint, I prescribed tannopine in emulsion, and awaited results. The child, however, did not mend. Disappointed, I increased the dose, and when I called again asked to see the medicine. To my surprise and chargrin I found it to be white instead of coffee-brown; a clear case of substitution, and therefore "substituted" another druggist with most happy results.

Tannopine is a brown powder and has the appearance of finely ground coffee. An emulsion of it is a chocolate-colored mixture, giving on standing, a black sediment.

The Treatment of Nasal Catarrh.

By Charles W. McIntyre, M. D., New Albany, Ind.

In this paper I shall consider the most common types of nasal catarrh. The *hypertrophic* and the *atophic* forms are the ones which are seen in every day practice, and, in fact, leaving out acute rhinitis these are the only pure expressions of the disease. But these types of the affection may be complicated by local and constitutional conditions.

The treatment of nasal catarrh has been considered under two heads. The *first* will include remedies which are directed to the correction of the local inflammatory condition. The *second* class of remedies applicable will comprise the remedies which are intended to correct the concomitant disease condition associated with the catarrhal affection.

In carrying out the first indication, no remedy will answer the purpose so well as a bland and curative antiseptic solution that can be sprayed against the affected tissues. Such a remedy will in a great many instances bring about a cure of the catarrh without any internal medication whatever. In fact, where there is no osseous hypertrophy, and not marked deterioation of the general health all that is necessary is the employment of a spray of the character already referred to. The employment of alphasol has in many hands filled the demand referred to. In fact, with the alphasol sprayed regularly, I have not failed to get successful results in every case where there were no local or systematic complications which called for additional resources—surgical or medicinal.

In carrying out the second indication, we may say that all that need be brought to bear is some remedy to correct any associated morbid condition, or some surgical interference which may be demanded to overcome exostitis or other condition.

Often when we see a patient who has nasal catarrh we will find his general health greatly lowered. It is our duty under these circumstances to put him on cod liver oil or such other remedies as can be depended upon to build up general health. If the patient has the atrophic variety cod liver oil and other constructives are in fact indispensable. If the patient is anaemic, iron will greatly assist in bringing about a happy result. Lithaeamia is very often associated with nasal catarrh, and it must be corrected or the catarrhal state will persist despite the best directed local treatment. We may say, in a word, that the morbid state associated with catarrh must receive appropriate treatment.

The atrophic form of nasal catarrh is merely a continuation of the hypertrophic variety. It calls for virtually the same treatment as the other type, only remedies must be given which build up the general health. Another important matter which demands consideration right here is this—the odor which is often most repulsive must be kept down. Alphasol effectually overcomes this odor. The antiseptic influence of alphasol makes it a deodorant particularly valuable in these conditions.

A lady, aged 41 years, came to the office asking if "I could do anything for catarrh." She had chronic nasal catarrh which had persisted for a year and the discharge from her nose was very abundant. Her throat was "quite raw," as she expressed it, and

always "dry." In fact, she had associated a mild, though annoying pharyngitis. This patient was somewhat reduced in general health, though not greatly so. I regarded the lowered state of her health as being due to the catarrh.

I had her spray her nose and throat thoroughly with alphasol four times daily. This was followed each time by a feeling of relief. This patient was given no internal medicine whatever. She began to improve from the start and I was able to discharge her cured four weeks after beginning with the remedy. I must say in this connection that I cautioned my patient about going out in inclement weather, and against getting her feet wet.

A girl, aged 17 years, was brought by her mother to my office. She had a discharge from her nose which was quite profuse. She had lost flesh considerably. Although there was no atrophy, still her nasal discharge was unpleasant. She sprayed her nose and throat with alphasol. She took as a constructive cod liver oil in a palatable form. The odor ceased to be present from the time she began to use the spray and her improvement went steadily forward. She was discharged cured six weeks from the beginning of the treatment.

A man, aged 59, had catarrh which had been existent only four months, but which was most troublesome and attended with headache, etc. On alphasol alone he made rapid progress toward cure—recovering entirely in four weeks.

A lady, aged 27, came to the office for treatment of catarrh. She asked me if I could not give her a "home treatment" as life was a burden when she had to go every day to the office of a specialist for treatment. She had uncomplicated chronic nasal catarrh and I gave her alphasol and a good atomizer. On this remedy alone she made a rapid recovery from her catarrh.

A lady, 69, had been a sufferer for two years with chronic catarrh. This was an uncomplicated case of chronic rhinitis and I gave her no internal treatment whatever. She used the spray of alphasol every four hours—spraying the interior of the nose and pharynx well each time. This old lady persevered in this treatment for six weeks and made a complete recovery.

An unmarried woman, aged 33, had pharyngeal and nasal catarrh which had been a source of great trouble to her, as she sang a great deal and the dryness of her throat after considerable singing gave her a great deal of annoyance. Alphasol sprayed well four times daily effected a cure of the condition.

A man, aged 64, had nasal catarrh but otherwise enjoyed good health. The nasal catarrh in his case being purely a continuance of the cold into chronicity. Regular employment of alphasol brought about a cure in a very short time.

The Medical Treatment During the Adolescent Period.

By Edwin Rosenthal, M. D., Philadelphia, Chairman of the Section on Diseases of Children of the American Medical Association; Pediatrist to the Franklin Free Dispensary, etc.

The adolescent period in the female may be said to be as critical in results as the menopause, and by reason of the methods of our education may be said to be one of the best known conditions universally recognized, and, as

such, the common property, not only of the profession, but also of the laity. For this reason, it is not an uncommon fact to witness, not only the diagnosis of this condition being made by the "officious meddler," but also treatment. And it is very often, when such treatments have failed, that the patient is brought to the doctor. In such instances great care and discernment must be the weapons of the doctor, for it will be noted that recourse to all the old well-known remedies had been applied before further advice is sought. The commonest symptom that presents itself is the one that refers to the menstruation. And it is in all probability that this disordered condition is the most conspicuous factor that needs correction.

Two classes of cases are most numerous, and may be divided into: 1st. That class that has never menstruated, and 2d. That class, that may have begun, shown a very slight discharge at infrequent intervals—once in six or nine months—but which has never grown to an extent at any time that may be termed a normal flow. The history of these cases are very generally of the same character, and may be briefly summarized: Digestive disorders, headaches, languor, flushing, sensations of fulness in the abdomen, disturbed or unnatural sleep, or sleepy condition during the day time; often some cutaneous affection—acne the most common. Whilst the symptoms may be present in some, frequently only part of them may be present in certain cases, as the skin affection. During the period that should be termed the "menstrual" period the symptoms are generally aggravated. If the "acne" be present, at this time, a fresh crop of pimples appear, and thus can be noted other symptoms.

In all cases of menstrual disorders in the young, the cause must be sought for, and if found, corrected. This of certainty directs the treatment. In cases where the menstruation has never appeared, it should always be a certain rule to have the sufferer examined by the mother. In quite a number of instances, anatomical reasons have shown the reason. In four cases an "impervious hymen" was the cause. In two cases the "uterus" became the receptacle, and contained the result of numerous menstruations, becoming enlarged even above the pubic bones; the cervix being impervious. In several instances there was an entire absence of the uterus, and ovaries. This I noted in two cases, both married, and were examined for the reason. In one case, an otherwise well developed young woman, aged 21, there was an absence of a vagina. Such cases as thus enumerated, nothing can be done in the line of medication, but judicious surgical procedures may in indicated cases (impervious hymen or cervix) make a cure. Where, however, no necessary organs exist, nothing can be done, except such rules, as the regulation of the bowels, etc., at stated intervals, give much relief to the frequently present nervous symptoms. Where, however, no anatomical reasons exist, and the patient suffers from suppression of the menstruation, entire or in part, much can be done to aid a cure.

The question of age frequently enters as an answer to results. We have with us such a conglomeration of different nationalities, that the "age" question is a vital one. Inasmuch as frequently the treatment of menstrual disorders may be wrongly applied, as an example: To attempt

treatment of a girl of 13 or 14 years, when her mother only began menstruation at 12 years. Experience has taught me that girls born in warmer countries, or descending from such parentage, begin to menstruate much earlier than those of colder climes. For instance, girls from Italy or Cuba begin at 12 or 13, where those from Norway or Sweden begin at 15 or 16 years. Again, in races I have seen some surprising differences. The colored race have presented a girl of 10 years, and often I have seen girls of Russian-Jewish parentage begin at 10 or 11 years. So that the question of age should always enter into the treatment.

Whilst the most common symptom of disordered menstruation is "anæmia" and as the better known "chlorosis," or vulgarly "green-sickness," its absence need not preclude the use of the most common of all our remedies —iron. Anæmia alone may be the cause of suppressed menstruation, and while its presence may be looked upon as a certain cause, its treatment is as essential for the appearance of the menstruation as it should be for the general health of the patient. That anæmia in girls is most frequently found at this time leads to the common belief that anæmia, green-sickness, or whatever name this blood condition may receive, is the chief factor in menstrual disorders.

The treatment of such conditions are numerous, and should divide itself into the causative factor first, and then, after this has been relieved, to the specific symptom. In other words, it will be wrong to attempt by the use of specific remedies the appearance of the menstruation if the physical condition of the patient is such that should not permit it.

Besides the condition of the blood as a cause of suppressed menstruation, other well-known conditions equally play a prominent part. Even if the patient should suffer from such diseases (tuberculosis, as an avample,) the presence of a menstrual flow has such an encouraging influence upon the mind of the sufferer, that some attempt should be made, and as the method pursued by myself for many

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years can only be of benefit, such conditions are not contradictioned for its use.

Iron is the chief remedy in menstrual disorders, and may be given at all times—before, after and during the flow. A certain time in the life of the patient should be set apart for active and specific treatment. The time chosen should be when the symptoms are most aggravated. The days, one, two or three, should be set apart, and our treatment should always culminate to this period. If we fail at the one, then we should begin again, and pursue our treatment until the second period, when the specific method should again be applied, and thus on. Even if failure should mar the first, second, or even the fifth period, the menstruation will appear, if the treatment be applied in a rational way.

Between the periods I always order the use of iron in three or four daily doses. I have used all forms and varieties, from the tincture of the chloride, which is so often objected to, to the different kinds the Pharmacopœia presents, in pill form, as the Blaud pill, simple or modified. My experience brings me back to Gude's Pepto-Mangan. Gude's Pepto-Mangan is now the most common in use, and there are so very many similar preparations in the apothecaries that care should be exercised in obtaining the genuine. I have a simple way of distinction. I always order Gude's Pepto-Mangan given with milk. If the mixture is clean, uncoagulated and palatable, then I know my patient has received what I ordered. For further distinction, I invariably place on my prescription the name "Gude." My reasons are these: So very many so-called similar products are on the market that are inferior, and in a measure do not act in a manner you wish, clinically as

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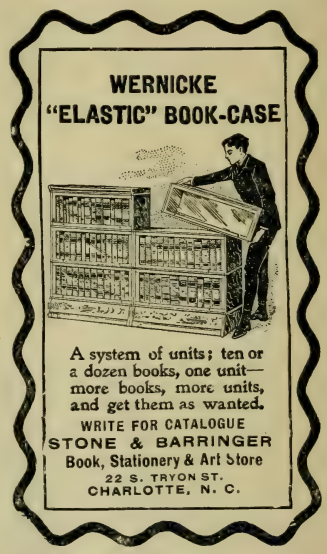
well as physically. For my own defence, as I have been so frequently disappointed, I detect the fraud of substitution by mixing with liquids, especially milk; the "Gude" preparation always gives the palatable mixture.

I order of this preparation a teaspoonful in a wineglassful of milk every three or four hours, depending upon the patient's condition. If she be very anæmic, and with this very nervous, I place her upon the milk diet, and by the addition of Gude's Pepto-Mangan I reach my object, giving the food as well as the medicine. I increase the dose until a tablespoonful, three or four times daily. This treatment is kept up, and even continued through each period, until the purpose is obtained, perfect health, as regards not only the menstrual flow, but also the general physical condition.

Medical treatment is never sufficient in this class of cases, and failure is apt to result if no attention be given to other conditions; the very common class, the school girl who desires to reach the head of her class, or who studies for a prize or the like.

Take the following case.

CASE I—E. L., aged 17 years; large in growth, over 5 feet 8 inches; reddish hair; student of the Girls' Normal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School, preparing for the teachers' certificate, which required two more years of study after the graduation. Complains of constipation and headache. Has acne on each cheek. Has occasional backache, and has an occasional attack of "nervousness," crying, etc. Her menstruation is scant, very irregular, and when it does appear, not more than one day, or probably one-half the next. Appetite erratic, though spoilt by the method of eating, as buns or cake or

ie for lunch, whilst the breakfast, urriedly eaten, was only a cup of offee, or a roll. Her main food was he "supper-dinner," when she was 'too tired or too long hungered" to at. Once or twice I was called to uiet an histerical attack. In this ase, the pimples were the bane of the oung lady's life, and while she was ot anæmic in any sense, I placed her n the (Gude's) Pepto-Mangan, tell-ng my patient this medicine was for ne pimples, and that I left the fur-ner treatment in her hands. This, ith purgative pills of aloin with nux omica, was the whole treatment. anity came to my assistance, as the atient desired to be rid of the erup-on. Persistent use of the iron was ie only medicine used, and whilst the hooling was persisted in, she passed rough the period, and eventually re-overed.

The second case is one that is too equently met with, the child of the oor, who is sent too early to the nill" or "store," and who has never en taught the commonest rules of giene; the girl who spends her time work, and whose only outing, a nce or picnic, is equally as hard as rk.

Case II.—Age 14 years. Attend-school until 12 years, and then be-ne a cash girl in a department store. ther large for her age. Flabby ilt, and of a distinct pallor. Com-ins of obstinate headache, relieved the so-called bromos; indigestion, guor, sleepy during day-time, and night a sleep that was heavy, un-ural, and disturbed by dreams; at ervals flushing with sensations of lliness. Menstruation scanty, bably a half of one day, and very t in color. In this case, work s a necessity, and even proper food ld not be obtained. However, k was the easiest and cheapest

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Case II. Miss J, school teacher, complained of inability to breathe through her nose, a constant dropping of mucous in her throat, and a tendency to easily catch "cold." These attacks came on so frequently as to seriously interfere with her teaching, and unless relief was obtained she would be compelled to give up her position. On examination, the turbinates, together with the pharyngeal and faucial tonsils, were found to be enormously hypertrophied and covered with a thick tenacious mucous that excited nausea and vomiting on attempts to clear the throat. A 20 per cent. solution of Glyco-Thymoline was prescribed to be used in conjunction with the Bermingham Douche every four hours. Nasal breathing and general improvement soon followed

CHRONIC URETHRITIS.

———M. D, Cleveland, Ohio

Case I. Mr. S. K., age 35 unmarried, occupation, salesman, history of Chronic Urethritis for the last 6 years He had not been treated until a month previous to the time I saw him, when he consulted a physician, who diagnosed his condition as "Stricture;" treated him accordingly. At the time he consulted me he complained of frequent micturition, with excruciating pain during act, a feeling of weight in the perineum. The urine was loaded with pus, and the act of urination followed by considerable bleeding, thus showing in all a very acute case of Cystitis. It was very evident thet something had to be done to relieve the patient of these distressing symptoms. I resorted to bladder washing intra-vesical injections of Glyco-Thymoline (Kress) solution, using one litre at a strength of ⅓ at a temperature of 100 deg F., repeated this twice a day for four days, when all the distressing symptoms were relieved To be absolutely certain that all irritation and inflammation was gone, continued with same method five days longer, using the Glyco-Thymoline (Kress) solution (1-12) once a day.

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food, and from one to two quarts daily was the constant supply. To this food I added a teaspoonful of the Gude's Pepto-Mangan at each glassful, once every three hours, increasing until a tablespoonful dose was attained. This, with a purgative pill (the compound rhubarb pill of the Pharmacopœia), was the treatment persisted in for over eight months, with complete recovery. In this case the treatment was begun in the fall of the year, persisted in through the winter months, and through the following summer months a vacation of but two weeks was obtained, and the patient sent to the seashore by one of our charitable institutions. This patient was convinced of the utility of this method of treatment, as I found the following winter the same course was followed with a gratifying result, preventing any loss of time by reason of illness or otherwise.

I have also met with cases that the menstrual period came on correctly at a certain age, and continued so for a year or two, when, for some unknown reason, there was a total suppression. There was no history of tubercular diseases, nor could I obtain any certain cause. In one case marriage was undertaken as a hope for cure. This patient, aged 18 years, came to me with the following history:

CASE III.—Mrs. B., began menstruation at the age of 13 years; regular intervals until 15 years, when the flow became scanty and scantier until only a half day, and then entirely disappeared. She had not seen a flow for two years. Examination revealed the uterus two inches in length, somewhat ante-flexed. The ovaries on each side could be felt, the size of an almond; the tubes could also be felt. This patient had been under the care

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of many physicians, and had had several operations, even a laparotomy, for the abdominal scar was visible. Nothing had been removed, she assured me, and the examination showed this also. Dilation of the uterus had been performed, as well as curettement, for what I was not informed. She had also undergone electrical treatment. I treated this patient constantly for six months before a flow of blood was in evidence. My sole treatment was the internal use of the Pepto-Mangan (Gude's) in tablespoonful doses in milk, and the use of a stem pessary for a period of nine months. After this time an examination revealed the uterus two and one-half inches in length, larger in size. The tubes could be felt, and the ovaries on either side somewhat larger. Monthly flows have now been the rule for the last three months. This patient is still under treatment, and whilst the iron is persisted in, the result of the treatment is uncertain. I am firmly pursuaded that many cases can be benefited by a correct application of our remedies, and when applied for a certain purpose.

This last patient appeared hopeless, and at the start I had little hope myself that much could be looked for. It appeared as a case of early menopause. I have seen such cases, with atrophy of the organs. Here, however, this was stopped, and I have still hope of seeing further improvement.

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EDITORIAL.

THE CHANCROIDAL BUBO.

The management of chancroidal buboes is not commonly productive of very brilliant results. The annoyance to both physician and patient is often out of all proportion to the gravity of the malady. Not infrequently weeks are consumed in fruitless endeavors to bring about absorption and resolution, to the chagrin of the medical advisor and loss of confidence upon the part of the patient. Since the majority of buboes due to chancroidal infection eventually end in suppuration, it is better to realize this tendency and to facilitate its occurrence, than continue after a fair trial of remedies calculated to delay pus formation.

While it is a well-known fact that the bubo, in the great majority of cases will be found on the side corresponding with the chancroidal sore, exceptions to this rule are so numerous that the anatomical reasons which permit of such exceptions becomes a matter of interest. Dr. Frederick Griffith, in an article upon this subject, gives the following description of the lymphatic vessels of the penis:

"The superficial lymphatic vessels of the penis are divisible into three sets, those from the skin covering the glans end in a vessel which runs along the dorsum of the organ to the pubis. The vessels from the rest of the penis unite to form (one on either side) two vessels which join with the dorsal to form a short common trunk at the pubis, which almost at once divides

again into two vessels, one going to the right, the other to the left group of inguinal glands. Thus, we can understand why at times a sore on one side will give rise to a bubo on the opposite side; or, the site of the sore being on the dorsum of the glans or in the sulcus, it gives rise to a bubo on one side or the other, or more rarely on both sides. The rule is for the bubo to be on the side on which the sore is found, but the arrangement of the lymphatic vessels before uniting with the glands will explain this diversity."

The plan of removing these glans, when the seat of an infectious process, by surgical measures has fallen into merited disrepute; not only did it often fail to shorten the period of disability, but even when the usual precautions were faithfully used operative measures were apt to be followed by wound infection of a very disagreeable character. In addition to the disfiguring scars, which the patient must carry through after life for a perpetual reminder of former misfortune, acts as a cosmetic reason for the adoption of milder treatment.

WHAT BRINGS SUCCESS IN THE PRACTICE OF MEDICINE.

How many young physicians fresh from the walls of their alma mater are just now studying the question; how many who have been practicing two or three years ought to be studying it; how many who have passed the flood time in their destinies regret that they had not studied it at the threshold of their professional career. Of the graduates of to-day, some will surely be, a quarter-century hence, among the leaders and teachers in their profession. "How shall a young man prepare himself to rise in the medical profession to a position in which his brethren lean upon his judgment and rely upon his decisions?" This is the question with which Professor Osler opens an address before the New York Academy of Medicine. In laying down the general lines of work he reminds the anxious youth that the fame of a prominent consultant at sixty is oft-times accompanied by a treadmill routine of work and a never ceasing weight of responsibility that makes him look back to the days of his freedom, when he could follow his bent untrammelled and undisturbed, with as much envy as he formerly looked forward to the days of his reputation. Joy comes in the climbing, and while living laborious days, happy in the growing recognition that he is receiving from his colleagues, the young physician is realizing the best that the profession has to give. He recommends a year abroad in Paris or Berlin if the language is known, but excellent opportunities are to be had in London for the broadening of his views and enabling him to escape the besetting sin of most young physicians, that intolerant attitude of criticism toward everything outside of his own circle and his own school. But he need by no means remain narrow-minded, nor lack persceptive in his views if he cannot afford the time and money for a trip abroad. Some of the ablest men in the profession have found their opportunities in country practice and have built up wide reputations in small towns. He should visit the hospitals and clinics of the larger cities yearly. Short vacations spent in visiting various uni-

versities and hospitals from the Chesapeake to the St. Lawrence will stimulate to new ideas and give him that combination of conservatism and independence that comes only by travel. In solving the problem of ways and means the first few years, it may be necessary for the young physician to settle in the country, using every economy in saving for further study and travel. At the end of a few years, when he needs a rest and change, let him invest $600 in a summer semester in Germany, working quietly at one of the smaller universities and absorbing the spirit of patient investigation that is the genius of the German mind. Another year let him spend three months in Paris; lay schemes in advance and it is surprising how often the circumstances will fit them.

It would be folly to suppose that every bright and energetic young physician can attain that widest of reputations in which his name becomes familiar to the laity of this continent and to the profession of Europe. That is not the point he is striving for, and should he attain it he should find himself at the mercy of an exacting public with an irksome and enormous practice, and not time to keep abreast of, and much less lead the thought of the times. A professional reputation in even a restricted area affords an excellent income and a satisfactory lifework to those who care to be masters of their own fate and not public slaves. With the present overcrowding of the large cities and the keen competition among physicians, the tendency will be more and more to drive the younger men into the small towns which have hitherto sent their best talent to the city and received no adequate return. There are throughout the country hundreds of small hospitals whose clinical opportunities are wasted for the lack of younger men who will do with their might whatsoever their hands find to do. These are well worth the consideration of the graduates who are just ready to begin their practice and who realize that to settle in one of the large cities means a desperate struggle for a livelihood. With capital for the promised co-operation of a well-established physician or with a grim bulldog tenacity the young doctor can live through the educational years of his practice and begin to reap the benefit in the forties. But for the young man whose only capital is brains and whose only backing is his belief in his own powers of work the same town affords an opportunity to do work that is just as valuable to the community and to build up a reputation that is of far more help to his professional brethren than the reputations of the far-away great consultants.

At the end of twenty years, when about forty-five years of age, the man who has worked wisely and well should have a first-class reputation in the profession and a large circle of friends and patients. He will probably have precious little capital in the bank, but a very large accumulation of interest bearing funds in his brain pan. He will have gathered a stock of special knowledge which his friends in the profession will appreciate, and they will begin to seek his counsel in doubtful cases and gradually to lean upon him in times of trial. He may awake some day, perhaps quite suddenly, to find that twenty years of quiet work, done for the love of it, has a very solid value.

A NATIONAL BUREAU OF MATERIA MEDICA.

The question as to the employment of proprietary preparations is one that has long occupied the thoughts of physicians, and the time of medical societies, and is as yet far from being disposed of. The physician who tamely sits down and allows somebody else to do his prescribing for him, who after a blind fashion alternates from one to another of the numberless secret remedies, without a knowledge either of what he is trying to accomplish, nor of the drugs he uses, represents one extreme; and the man who is bigoted in his wholesale denunciation of any and all sorts of remedies which are in the ordinary sense "proprietary," whether the formula is known to him or not, represents another extreme.

This question has reached a stage where some distinction is necessary between what is wholly wrong, and what may be deserving. In this connection the following editorial from the *Philadelphia Medical Journal,* regarding a plan of action suggested by Dr. F. E. Stewart, and which will come up for discussion at the next meeting of the American Medical Association, seems a fair statement of the case:

"Our Materia Medica stands in need of careful revision and cautious expansion. In the development of synthetic chemistry, with its tremendous possibilities in the field of treatment, we witness hundreds of products placed daily on the market, and to this class may be added the various "special formulæ" of well-known agents. The scientific work done in the well-equipped chemical laboratories of these firms is frequently of the highest order, and there can be but little doubt that, as such, it is entitled to respectful hearing and full investigation. Along with the meritorious preparations are hosts of worthless ones duly proclaimed as of great value. The good and the bad alike are seeking endorsement. The question of the employment of proprietary products in general is a broad one. It is too vast in extent and importance to be ignored utterly. In this connection, we believe that the plan suggested by Dr. F. E. Steward for the establishment of a National Bureau of the Materia Medica is a most excellent one in its general scope. It is Dr. Stewart's idea that such a bureau should be empowered to examine carefully, and at length, the pharmacology of such new remedies as may be presented for its official sanction, as well as to investigate the method of preparation, and by extended clinical trial determine the value of these new remedies. The duties of the bureau would include the determination of a suitable method of standardizing of all of the remedies of the Materia Medica. Its establishment would insure a greater uniformity in our drugs, as well as supplying us with reliable information as to newly discovered products. This question was brought up at the recent meeting of the American Therapeutic Society in Washington, and a committee was appointed to investigate the matter. This society also took the initiative in the important matter of regulating the subjects to be discussed before it by passing unanimously the resolution declaring that: "Any therapeutic agent offered for discussion before the society should be discussed under its chemical name, and not under its fan-

ciful, patented or copyrighted commercial name." It is our opinion that in this action the American Therapeutic Society has done a wise thing, and its example should be followed by medical bodies generally."

Laxation in Constipation.

By J. A. Rene, M. D., West Superior, Wis.

The successful treatment of constipation does not consist in simply momentarily relieving the overloaded intestinal organs, because some of the pathological conditions co-existing may persist even after this result has been obtained.

The fact that there is an intimate association between the intestinal and cerebral functions was early recognized by the ancients—a fact that shows the need of attending to the cerebral disturbances while correcting the pathological conditions of the gastro-intestinal tract.

The habitual use of purgatives is not encouraged, as it only increases the disability which they are intended to remove; and therefore it is essential that the treatment should be one aiming at permanent results as well as relief. And for that reason it is very often necessary to combine drugs that will not only relieve the constipation, but also cure the other pathological conditions which might have been the primary cause of the constipation, or have brought about the constipation itself.

Of late years many preparations have been placed at the disposition of physicians, and some of these preparations are certainly scientific combinations. Most of them contain such splendid remedies as belladonna, aloes, cascarin, etc., but of all the recent preparations which have come to my notice I have found the Laxative Antikamnia and Quinine Tablets to be the most efficacious in relieving cerebral disturbance, as well as curing the intestinal trouble.

A close study of this combination shows that it is a tonic-laxative, analgestic and antipyric—and its administration in certain cases is sure to be followed with excellent results. For instance, in the sequelæ of typho-malarial cachexia, when a gentle and safe laxative combined with an antiperiodic is required, I have found this preparation of the utmost value. The co-operative or synergetic properties of these ingredients will readily commend themselves to the profession.—*Chicago Medical Times.*

The plague has reached London—by way of South Africa.

India is being rapidly depopulated by famine, the plague and cholera.

Dr. Smithwick, of La Grange, N. C., in January, 1901, number of the *Maryland Medical Journal,* says:

When, in disease, bed sores occur, we must use the best means for healing them and making the patient comfortable. In my experience I have tried a great many things, but have come to the conclusion, which is substantiated by clinical results, that I obtain the best results by thoroughly washing the parts with warm normal salt solution, bathing in peroxide of hydrogen, and dressing in pledgets of cotton or strips of gauze soaked in Ecthol. This dressing is repeated once, twice or thrice daily as the urgency of the case seems to demand.

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Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

ORIGINAL COMMUNICATIONS.

The Importance of an Early, Definite Diagnosis of Appendicitis.

By J. ERNEST STOKES, M. D., Salisbury, N. C.

Of all the points pertaining to the pathological lesion, now so universally spoken of as acute appendicitis, no one point possesses, not only the more immediate, but too, remote influence towards deciding the final results, than an early, accurate, definite diagnosis of this lesion.

It seems that now the great value of detecting the foremost signs and symptoms, the very initial onset of an acute lesion situated in the appendix, is not so often brought to the attention of the physicians, as is the discussion of the propriety of operating in cases of acute appendicitis, the time when to operate, or even the best method of conducting such a procedure.

Presented to the Medical Society of the State of North Carolina and the North Carolina Board of Health, in Conjoint Session at Durham, N, C., May 22, 1901.

Nor does one so often hear the general practitioner himself speak of the tremendous responsibility resting upon him of making out the earliest presence of that surgical condition, which surely must now be acknowledged by all, as most insidious in onset, most disastrous in its progression. How often may one hear of how the medical attendant for a length of time—and, alas. too often a fatal length of time, has carefully looked out for signs of pus formation, or waited diligently for the state of being "walled off" to come to pass.

In the way of explanation, it may be stated that the term physician is used only in counter distinction to surgeon; because certainly in a very large majority of cases, the family physician has the first opportunity of making the diagnosis and consequently the greater responsibility of the early, definite diagnosis rests upon him. The responsibility of treatment

should be shared both by the physician and by the surgeon, though undoubtedly the greater majority of cases should be treated surgically, but is it not so with the diagnosis?

Does, however, the average physician call in a consulting surgeon as often to decide the diagnosis, as he does later to seek the surgeon's aid in combating those conditions showing progressive characteristics, and that, too, after the progressiveness many times has changed the condition, from a superable to an insuperable undertaking? If this be the case, then does it seem unreasonable to claim for the surgeon every possible atom which may go to aid him in the success of this undertaking? Granting that only those cases showing progressive symptoms should fall to the fate of an operation, that is, they should be the cases allotted to the surgeon's care and efforts—does it not seem probable that a greater chance of saving the patient's life, even of this one class of cases will be given, by allowing the surgeon the very earliest opportunity to stem the tide of this progression? Who is the better able to decide the course likely to be developed in these cases —namely, whether progressing or non-progressing? The physician or the surgeon?

Surely the very little general medicine has to offer for either form can be carried out by the physician or surgeon with probably the same sad results; but, not so, naturally, when an operation is the decision. Therefore, surely in the long run, at least for the patient's welfare, the greater amount of good would accrue by turning over to the surgeon, not only those cases demonstrating a progressive tendency; but, also, those of the supposed non-progressive type.

In order that the surgeon, the one, who must later assume all the responsibility of those cases, which have gone beyond the control of the physician, and which the physician himself so signifies by calling on the surgeon's aid—may have the great advantage of observing every case in its incipiency, and thus decide for himself, not whether the lesion has proceeded far enough to demand an immediate operation, or perhaps, too far for any surgical procedure; but, rather, whether the case will later demand surgical interference at all. For if so, even then at this earliest possible moment the immediate course to be pursued is clear, very clear.

The following case recently referred to me, illustrates this point. Mr. X., aged 30 years, white, of regular, exemplary habits, for two months had been feeling languid, with loss of appetite. One Friday night, on returning home from a banquet, passed a restless, sleepless night, feeling as though he might have a high fever. There was no pain, nor abdominal discomfort. During the next two days patient felt fairly well. The following day, Monday patient had no abdominal symptoms nor pains; but felt tired, with some nausea, no appetite.

That night violent vomiting occurred, but still no abdominal distress. Tuesday morning patient awakened early with acute pain well localized, one-half inch below McBurney's point, doubling patient up and making it impossible for him to straighten out. By Wednesday pain had become excruciating, nausea, muscular

rigidity and tenderness to pressure in the ileo-cecal area were present. Temperature 103 degrees, pulse 120. Bowels moved with salts, and diagnosis of "catarrhal appendicitis" made at once by the medical attendant.

All the acute symptoms rapidly disappeared apparently, and patient, by the end of the following week, was able to be about his duties. He did not feel quite up to his usual form; but still there was absolutely no abdominal tenderness nor pain, nor did the patient notice a single suggestive symptom. Sunday morning, the 12th day from the initial onset, he passed his hand, for no especial reason, over his abdomen, and noticed a hardness in the ileo-cecal region; but paid no particular attention to it. He moved about that morning, ate his dinner as usual; but shortly after dinner he felt an indefinite discomfort in right side of his abdomen.

He called his physician, who very promptly advised immediate surgical interference. The patient arose and dressed himself and walked without aid to his carriage and was driven to the hospital. That night he came under my observation. On external examination, the muscular rigidity in left side of the abdomen was very marked. Dullness over an indurated mass extending around McBurney's point for about 7 cm. The sensitiveness was elicited only by very deep pressure, with slight tympanitic note. Facial expression good, pulse 118, temperature 101½. Bowels had freely moved, with two seidlitz powders. Patient turned himself about in his bed with no discomfort. Locomotion neither difficult nor painful. An immediate operation was consented to by patient.

Upon opening abdomen through the inter-muscular incision, a mass the size of a lemon filled the right iliac fossa. This mass was made up of a necrotic portion of omentum, the outer one-third of appendix, densely adherent to the outer surface of the lower portion of the ileum. The appendix pointing upward was 11 cm. in length, gangrenous for outer one-third, base normal in appearance, as was also the cecum, which was drawn down below the brim of the pelvis. The omentum, ileum and portion of appendix formed the upper and inner wall of an abscess sac. This sac contained about four ounces of a thick creamy pus. Pus evacuated and appendix excised. The serous coat of ileum was necrotic for 3 cm., the bowel for this distance being of a black gangrenous appearance. The abscess cavity which extended beneath ileum towards median line was swabbed out, and the iliac fossa drained. At present, now over two weeks since operation, patient is doing well. For the first three days the temperature was 101, pulse exceedingly rapid, distended abdomen, and persistent vomiting.

[NOTE.—About midnight of third week, muscular coat of ileum, at the site of the necrotic area, gave way, and patient now has five perforations. The sutures in cecum at base of the appendix have held absolutely perfectly.]

Can any one doubt for a moment which course would have been better for this patient? The one allotted to him, or an early diagnosis, say on the Tuesday morning, or at the latest, a

definite diagnosis on the following day, Wednesday. Definite in the sense of a full appreciation that the symptoms were progressive in nature and not only warranted, but demanded immediate surgical interference. But how could one so decide, when all possibility of an early diagnosis was lost, after the first two days (Monday and Tuesday) had slipped by? Had the diagnosis been made any time during those two days, it is not very difficult to see how quickly one must have come to the decision that Wednesday's exacerbation of symptoms were markedly progressive over those of the preceding day.

Again, was the case amenable to medical treatment? Did it respond? I think not, and it is so proven by the tremendous destruction of tissue found on opening the abdomen. Naturally, there was a complete cessation of pain, as the appendix became, as Morris describes it, "dead—nerves and all." So that from that time on, one of nature's most potent and suggestive signals of danger in this disease was silenced. The abatement of fever, due to the lack of absorption into the general circulation of the pathogenic organisms, was also misleading—yet during the entire twelve days, this patient's life was in the greatest jeopardy.

Another case coming even more recently under my observation demonstrated most clearly the inestimable value, first of all, of making out an early and prompt diagnosis, and at the same time demonstrating most clearly what irreparable damage would have arisen had the pernicious practice of temporizing been employed in an attack of appendicitis, which only exhibited the acute definite cardinal symptoms later on.

Mr. X., age 26 years (referred to by Dr. John Whitehead), an unusually well developed man physically and of moderate habits. Had for the past two months a feeling of languor, and loss of appetite, with obstinate constipation. On one Friday evening, while at cards, felt an inclination to go to stool. On making an unsuccessful effort, a severe griping pain darted through lower zone of abdomen, from right anterior superior spine to the left one. This lasted some 15 to 20 minutes, then abated somewhat.

Patient walked to his home some squares distant, with no increase of discomfort. After he had retired, there was a return of the desire to go again to the stool, with return of the pain in the abdomen. The pain increased so that by morning two large doses of morphia had been required to ease the pain. The pain extended throughout lower zone of abdomen, and not at all confined to the ileo-cecal region. During the next morning the pain continued same in character and position as previously, but accompanied with nausea and vomiting. Still no movement from bowels.

Later in the day the pain became colicky in character with paroxysms of increased severity. The vomitus was of a dark green color, watery in consistency, with no evidences of any undigested food (important). During this day several hypodermic injections of morphia were required, as the intensity of the pain was distinctly on the increase. Later in the afternoon—Saturday—less than 24 hours from the very initial onset, the pain became distinctly localized in McBurney's point, lessened in severity, with the first appearance of ten-

derness, on gentle pressure; dullness over an area just below McBurney's point. Abdomen became distended, with marked muscle rigidity.

Bowels had not yet moved. Patient laid upon his back with knees, especially right one, drawn up. Temperature less than 100 degrees. Pulse a little over 80. The diagnosis of acute appendicitis was made, and undoubtedly then was the time for the excision of the appendix, but the patient would not entertain the idea of a sensible procedure until even over 24 hours later, and only then after he could appreciate for himself that his condition was rapidly growing worse. Sunday morning, 36 hours or so, the bowels were finally moved, only however, after the most strenuous efforts. The pain localized with requisite tenderness, distended abdomen, rise of temperature to 103 degrees, quickening of pulse to 112, flushed face, with anxious expression, and distinct apathy proceeded, in fact, ushered in the slow consent of the patient to any surgical interference.

On opening abdomen, a black gangrenous appendix—wrapped in a necrotic portion of omentum, and buried in between coils of the ileum, was found. It extended over brim of pelvis and laid adherent to anterior surface of sacrum. There was a wide area of localized peritonitis, with thick layers of pyrogenic membrane between coils of gut, and also on the parietal peritoneum, and lining the iliac fossa.

Appendix was excised and iliac fossa drained. For the first three days the patient was extremely ill, but after that the convalescence was uninterrupted.

The keen alertness and ever constant watchfulness of this patient's attending physician saved the day, and did infinitely more towards saving him than the operation. Appendicitis was suspected on Friday night, confirmed on Saturday afternoon, less than 24 hours, and an operation insisted upon Sunday noon. Now suppose for the moment the physician had waited until the symptoms were thrust upon him, and such is not an unheard of supposition, namely, Sunday afternoon.

Most probably more time would have been lost waiting to see if the symptoms were progressing, and then, as shown by the conditions found at time of operation, it would have been too late. In fact, it was perfectly possible to see this patient growing rapidly worse hourly, while the local symptoms were apparently becoming less and less marked.

It is the concensus of opinion of the leading surgeons of the day that to foretell the extent of the diseased condition of the appendix, the virulence of its infection, is a colossal undertaking; more, an impossible task. Deaver claims to know but two things about appendicitis, "first, that it is an inflammation of the appendix; second, that the appendix should come out." Fowler asserts that "every case of colicky pain in the abdomen, suddenly developed with right side tenderness, should be regarded as a case of appendicitis, until the supposition be disproved. The accusation should be made as it were, and the burden of proof should be placed upon the appendix to show its innocence."

It is not the scope of this paper to discuss the several divisions of the

inflammatory lesions of the appendix; but rather to plead most earnestly for the earliest possible recognition of any pathological lesion of the appendix, whatever it be. To urge upon all the great importance, and absolute necessity, after recognition, to watch and follow most closely even the milder-afebrile types.

The physician who willingly takes upon himself the responsibility of not only making out the presence of an inflammatory process, but also the course it is pursuing, accepts a burden which in gravity and uncertainty is incomparable to any possible burden an operative procedure could generate.

Again, I am not unwarranted in asserting that in a vast number of the cases of appendicitis which terminate fatally after surgical interference has been instituted, the diagnosis was either a late one, or woefully wanting in definiteness, even at times absolutely erroneous.

In my own personal experience, out of ten cases which I have seen in consultation, the diagnosis had been erroneously made in four, while in the remaining six the diagnosis had not been made until after the distinct onset of general peritonitis. In every case save one, and in that one the appendix was gangrenous in its entirety, suppurative peritonitis was far advanced, the peritoneal cavity filled with pus. Without a single exception in the nine cases, at least a very suggestive history of the initial symptoms was obtainable, and in several the symptoms of rupture were clear and distinct. Yet, with only one or two exceptions, were these cases offered surgical interference, within several hours after perforation, to say nothing of the primary onset. Though the fatality of these cases rest now upon the surgical interference exerted, the insuperable task was placed there by the medical attendant as without a single exception the immediate general condition of the patients apparently warranted the eleventh hour attempt.

In the next series—six in number—all drainage cases, without an exception the diagnosis was a tardy one, indefinite in character. All these cases recovered, after a more or less slow convalescence, without any special or serious complication referable to seat of operation, save in the one in which a fecal fistula developed.

The third series—ten in number—in which an early definite diagnosis was made, without a single exception the convalescence was rapid, and without a serious interruption; save in one case in which extensive right-sided pneumonia appeared.

DIAGNOSIS OF ACUTE APPENDICITIS.

In the earnest desire of the clinician to avoid overlooking an acute lesion of the appendix he should ever bear in mind the maxim, that "probability is the rule of life," and in every case of abdominal discomfiture without an exception, no matter how mild, nor how far removed from the normal position of the appendix the uneasiness may be situated, he should disprove the responsibility of the appendix, rather than to await until the symptoms suggest that organ.

The cardinal symptoms of acute appendicitis should be gone over in his own mind, attempting, step by step, to fit one or all of them to the case in hand, rather than to delay to

see if the case will suggest the cardinal symptoms. For in this way the fact of a possibility of an acute lesion within the appendix will never be overlooked, and I know of no better arrangement of the symptoms than those given by Fowler, namely:

1st. Suddenness of the attack.

2d. The occurrence of acute abdominal pain.

3d. Tenderness at the site of the appendix.

4th. The occurrence of nausea and vomiting, either accompanying or following the pain.

But as Mynter has clearly put it, "Few diseases, however, present so many stages, each characterized by a different set of symptoms, and yet only in degree differing from the preceding and following stages; every one of the cardinal symptoms may be lacking or indicate something else. It is their combination and appearance in a distinct order that makes the diagnosis sure." Thus, the suddenness of the attack may not appeal to the physician nor to the patient; save under the closest questioning, as in the case already mentioned in this communication. Here the young man looked on the onset as very gradual and suggesting the grip. What he described as at first sudden was not at all the onset, but the distinct exacerbation of an already pre-existing condition. It is not uncommon for the patient to state having had previously a languid feeling or not up to the usual form condition. In four of my cases the patients had been out enjoying some unusual festivities, returning home to be aroused some time during the night with sudden onset of pain differing in areas of the abdomen in several cases. Another was seized with pain on a straw ride. One other retired from game of cards to go to the lavatory, whereupon he was seized with pain. As a rule the history will elicit a slight attack of pain, followed perhaps not for several nights, however, by a very decided increase in severity.

SECOND SYMPTOM, ACUTE PAIN.

Too much attention cannot be given to the second symptom, namely, acute pain. This cardinal symptom is most variable and misleading of all. Variable at its intensity, only however, as a rule during the initiatory stage; later its intensity is excruciating, and also it is most variable as regards its location. Acute abdominal pain should invariably suggest an appendicular lesion, the other symptoms singly or in combination passing the final definite sentence. Untold misfortune and manifold regrets must often follow if the physician allows his attention to become distracted from the probability of an appendicular lesion by the lack of severity of the pain and the fact that it is referred to the epigastrium or thereabouts with the occurrence of nausea and vomiting. In fact, the diagnosis of "acute indigestion" or of "biliousness," so common prior to the present time, was made too frequently just from these phenomena. This brings out clearly the fact I have attempted to make prominent, i. e., that this is then the time for medical attendant to be forewarned, and, if he be, he will be fore-armed against the next progressive step the process makes which is generally that the pain becomes centered in the right iliac region, and the patient is in for an attack of acute appendicitis

of more or less severity, as the case may be.

It is generally conceded that later the final localizing of the pain rather indicates the position of the tip of the appendix, and that it may lie in any one of the zones of the abdomen, according to how the appendix happens to be pointing. In most cases, doubtless, this may be true, but, in one case coming under my observation, which proved to be a most violent attack, the pain was never referred to the abdomen until perforation took place, but was an excruciating agony limited absolutely within patient's right testicle.

The severity of the pain may vary from a mere local uneasiness to the most excruciating agony. Generally, however, the initial pain is cramp-like in character for a more or less indefinite period of time. The patient will toss from one side of the bed to the other, gather himself into a lump into the middle of the bed, or hang half in and half out of the bed. Later, the colicky nature gives way to a pain which has for its most notable character a constant intensity. But, as has been mentioned already, the lack of recognition of the fact of the variableness of the character of the pain and its location may lead to grave errors. In fact, one of the most suggestive symptoms may be the utter indefiniteness of the pain in every respect.

The third symptom—tenderness over the site of the appendix—should always be, without the shadow of a variation, the physician's sheet anchor of the greatest probability of there being an appendicular lesion present, whenever it can be detected in accord with all, or even any one of the other cardinal symptoms. Should the point of greatest tenderness be well localized, but still not be confined to the usual site of the appendix, or not only in a strange place, but standing out alone as regards the other symptoms, even then must one most carefully and cautiously exclude the probability of an inflammatory lesion of the appendix ere he has done ought to remove his patient from the brink of probable calamity and likely destruction. This tenderness is a most constant and valuable sign and may be looked upon as almost pathognomonic of appendicitis. The sensitiveness, as Fowler says, "will be slight, or well marked, according to the stage of the disease and severity of the attack. This is the feature of the disease which forms the best diagnostic guide and indicates more than all the other symptoms combined the progressive character of the attack." With an increase of tenderness, one should bear in mind:

1st. Pus formation.
2d. Progressive ulceration.
3d. Gangrene of the appendix.
4th. Perforation.

While the decrease on the other hand may be, too, an augury of very grave import implying that the effect of the suppurative process has been sufficient to paralyze the perypheral nerve filaments.

The fourth symptom—nausea and vomiting—is highly important in conjunction with any one of the other cardinal symptoms, especially if it accompanies or follows the pain; but undoubtedly both nausea and vomiting occur more frequently than any of the other symptoms, while no involvement of the appendix is present.

The character of the vomitus should be carefully considered and thoroughly examined. The presence of a dark green colored vomitus, of a watery consistency is more significant coming on a number of hours after the ingestion of food or some nourishment than is the expulsion of undigested food shortly after a meal, or immediately following the taking of some medicine or other. (a) The temperature, (b) pulse rate, (c) facial expression, (d) abdominal distension, (e) the dorsal decubitus, and the degree of limitation of movement on the part of the abdominal muscles, especially upon the right side during the respiratory movements, should all be most carefully observed and profoundly regarded. Still, it must be borne in mind that this latter group of symptoms rather aid in determining the progressiveness of the attack, and should not be awaited for in making out an early diagnosis.

The significance of muscle rigidity, the presence of dullness on palpation over a circumscribed area, the proper mode of palpation and the respective values of rectal and vaginal examinations, belong so distinctly to the more advanced stages of the disease that they will not be discussed here.

One point, however, worthy of note, must be mentioned here, as it sometimes occurs in the earliest phase of the disease, namely, the intermitting rigidity of the right rectus muscle during the first two efforts at palpation in an examination. The muscle will become rigid on the first examination. After remaining rigid for a moment, the rigidity "shies off," so to speak, from under the finger tips. Now, after a moment or two of rest, provided the first examination was made gently, and without much discomfort to the patient, if a second attempt be made the rigidity will be found not only much less marked but many times entirely absent.

Regarding the lucocyte-count, though it has its limitations as regards the diagnosis of an appendicular lesion, still, it is at times of an inestimable value, as an aid towards determining the progressive character of the inflammatory process, and should therefore be invariably made, at least several times, whenever possible. The following items should be borne in mind:

1st. In an apparently severe case, a low count is a very bad prognostic sign.

2d. A steadily increasing leucocytosis should always suggest an inflammatory process of a progressive character.

3d. There may be a large abscess and still there be no leucocytosis, or at most, a very low count. This is generally with a so-called "walled off" abscess.

4th. A very marked and sudden change in the count, either in increase or diminution should always suggest rupture of an abscess sac.

5th. In the catarrhal form often the count may be very slightly increased, or even absolutely normal.

THE DIFFERENTIAL DIAGNOSIS OF ACUTE APPENDICITIS.

It is not possible here to go into details concerning the differential diagnosis of acute appendicitis. All that space permits me to do is to call attention to the various forms of the affections likely to be

confounded with an appendicular lesion, and then for the practitioner to compare the cardinal symptoms of appendicitis with the symptoms and clinical course of the probable affection. The great difficulty lies not so much in the differentiation of one lesion from another, but in the utter failure of recognizing the insidiousness of every lesion of the appendix.

In the majority of fatal cases the error will be generally in the total want of definite decision, rather than in a wrong diagnosis. In those cases of erroneously made diagnoses, it is generally found on operating that the suspected appendicular lesion turned out to be a lesion of another organ, rather than the reverse condition. This is important as going to show that an appendicular lesion has a distinct clinical aspect and a clear train of symptoms, which are in the large majority of cases definite, constant.

The following affections have one or more symptoms in common with appendicitis, and should therefore be borne in mind:

1st. Acute intestinal obstructions.
2d. Typhoid fever.
3d. Affections of the gall bladder.
4th. Movable kidneys.
5th. Ureteritis.
6th. Abscess in lumbar region.
7th. Ectopic pregnancy, especially at time of rupture.
8th. Pelvic inflammatory disease.
9th. Dysmenorrhic pains.
10th. Coxitis.

One word regarding the administration of opium, and the application of the ice bag. The greatest care should be exercised by the practitioner in the use of either, on being called to see a patient exhibiting decided abdominal distress. As the pain, tenderness, and even the muscular rigidity, may be so marked or delayed as to prevent entirely a true conception not only of their presence but even progressiveness of the symptoms of the attack.

Finally, the inestimable value of the earliest definite diagnosis of appendicitis can only be fully appreciated by those who realize and willingly acknowledge to themselves and to the laity the untold necessity of an immediate surgical interference in the vast majority of cases.

To the man who feels confident in his ability to determine the exact pathological condition existing within the appendix, namely, whether catarrhal or interstitial, whether ulcerative or not, the early diagnosis will appear of lesser import, than to the man, who ever appreciates his profound inability, in many cases, not only to diagnose the nature and extent of the histological involvement, but even to recognize whether the inflammatory process is progressing or not.

The Need for Greater Care in Making Examinations and in Sending Patients to the State Hospitals.

By Isaac M. Taylor, M. D., Assistant Physician State Hospital, Morganton N. C.

The enactment of Chapter I., Public Laws of 1899, extended the work of the Superintendents of Health, as County Physicians, to a set of duties of very great importance to the State hospitals for the insane.

In prescribing that persons thought to be insane must be examined by the County Physicians without charge

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when application is made to them, it practically gives into their hands all these examinations and the law was drawn making these officially responsible that they might better inform themselves, and might furnish more accurate data in regard to the persons whom they have examined, than has heretofore been done.

The first and most important thing is the drawing and signature of the warrant and commitment; this is of course the duty of the clerk of the court, but a well-informed physician with a knowledge of the law on the subject, and a common sense understanding of the reasons for the law, can do much in the way of seeing that each blank is properly filled, that all affidavits are properly attested and that the signature and seal of the clerk is affixed to the commitment.

All these show that legal inquisition has been regularly held, that proper persons, under oath, given testimony and that the right of the insane person to proceedings "by due process of law," and the right of society to protection from one whose enlargement is disadvantageous, if not dangerous, to the community, have been respected.

Time after time, papers must be returned because the legal forms have been carelessly executed and therefrom arise delays and misunderstandings. Then again, they may do much toward a proper observance of the law by having the examinations made by the clerks instead of magistrates, as is allowed under certain conditions. The examination of insane persons was put in the hands of the clerks of Superior Court for the purpose of having a law officer of intelligence, education and legal knowledge and to make sure that there was a record made of the proceedings, and it is best that the clerk should himself draw the papers.

After admission is obtained the medical examiner can benefit the insane person by seeing that there is less show of force, that handcuffs and ropes are abandoned, the patient clean, free from vermin, properly clothed and always impressed with the fact that he is going to a hospital, not a prison. If restraint is necessary, a straight jacket may be put on, or as has once been used a seamless sack with a hole cut for the head and sewed tightly about the body and arms, makes a very efficient strait jacket. For those in the western district, the hospital at Morganton would willingly send a model for making a long-sleeved, strong jacket.

A sufficient number of people to care for a patient should accompany him; because an officer is not afraid of a patient, or is strong enough to handle a patient alone, does not insure against bruises and rough handling, and for the sake of decency, good morals and avoidance of scandal, a woman should be of the party when a female patient is sent from a distant point, especially if a night must be spent on the journey.

The purely medical part of the examination more properly concerns the Superintendents of Health, and this is written to beg them to answer fully the questions prescribed by law. These are not idle, but have been digested for years and only those essential to a knowledge of the case and a partial prognosis remain.

It is particularly needed that care-

ful replied be made now, since those selected for admission into the hospitals must be taken from a large number of applications, and the probable prognosis must entirely govern in naming the few who are to be selected.

The name, age and color are usually stated positively and satisfactorily. The occupation of the patient we wish to know for statistical purposes. This question is very loosely answered, when the least attention would give definite, concise information. The mechanical trades, of course, are usually indicated, a laborer should be designated as to occupation, a blacksmith's helper, a farm laborer, a fireman, etc. It is particularly desirable that there be a destinction made between a farmer and a farm laborer, the answer farmer is too indefinite often to properly classify. House work, house wife are terms too comprehensive, meaning anything from a ladies' maid to the wife of a ten-horse farmer.

We should know when the person asked about is a cook, house servant, daughter of a farmer, wife of a farmer, washerman, etc. The widest departure in this direction I now remember was "Wading in the creek and throwing rocks."

The questions requiring two answers are very generally inadequately replied to, for instance: Has patient manifested any tendency to injure himself or others? If so, in what way and how often? Is sometimes answered "yes," sometimes, "in various ways." Has patient any family, if so, what persons compose it? Age of youngest child? "Two months old."

There seems to be a general confusion as to what is meant by *an attack of insanity;* it is variously answered, some recognizing no period of apparent good mental health as a recovery, others classing each separate demonstration of excitement or epileptic seizure as a fresh attack of insanity. We mean by an attack of insanity a period of continuous manifestation of mental disease with only transitory return to mental balance, the manifestations may not be continuously of the same character but may vary in type embracing a period of mania and then of melancholia, with a short term of quiet when there is apparent near approach to normal.

The investigation into the cause of an attack is apparently often superficial, little questioning as to heredity or nervous manifestations, in near relatives or forebears, or reference to long evidence of general break-down with following mental and nervous symptoms. If there is religious elements manifested in the symptoms the cause assigned is usually "religious excitement," or if the insane person is a school boy, "masturbation" is the favorite assigned cause, or if there is delusional accusation of husband and wife, "domestic trouble" is given.

We beg that our examining physicians look beyond the superficial appearances for physical defects, disease of organs, toxic causes from faulty elimination of excretions and the element of heredity which plays such an important part and which is so often concealed.

Heredity, meaning not simply that some relative has been insane, but there may in one generation be ill

health, in the next intemperance, in the next insanity, epilepsy or other neuroses.

The question in regard to epilepsy is of the greatest importance in prognosis, and with the clear description in almost every text book on general medicine, it is remarkable how many blunder over this, classifying hysterical convulsions as epilepsy, epileptic convulsions as apoplectic, and the convulsions of infancy, so commonly a part of over-feeding and indigestion, as epileptic, with a general disregard of the less prominent and equally important "petit mal."

There is apparently little difference in the minds of the general practitioners between delusions, hallucinations and illusions, these are most important, and the distinction should be borne in mind.

For the benefit of these who do not have clear knowledge of these terms, may I ask the indulgence of those who have, and quote here the definitions given by Dr. Blandford?

"A delusion is a false belief in some fact which, generally speaking, personally concerns the patient, of the falsity of which he cannot be persuaded either by his own knowledge and experience, by the evidence of his senses or by the demonstration and declaration of others. * * *

"Hallucinations are false perceptions of the senses, the eye, the ear, the nose, and so on. The hallucinated patient thinks he sees in the blackest darkness or hears a voice through any number of thick walls, whereas his seeing or hearing is entirely subjective, taking place altogether within his own head, without any excitation conveyed to his organs from the outer world, when, in fact, he would hear and see the same were he deaf or blind.

An illusion is also a false perception of the senses, or rather mistaken perception. There is something to see and something to hear, but that which the patient thinks he sees is not the real thing, but something else."

Illusions and hallucinations are common manifestations of insanity, and it is important in prognosis to distinguish between the two, particularly with regard to hallucinations of sight and hearing, the latter evidencing more extensive organic disease of the brain, one found most often in chronic cases. Delusions are most important symptoms of mental disease and investigation should be directed to asascertain if the delusions are systematized or of varying character. Delusions are not always spoken about, the attitude, habits and manner of patients often indicate the existence of delusions when a reference to them would cause a suspicious patient to deny and conceal any they may have.

The tendency of an insane person to violence should be fully looked into and the questions in the application fully answered, as the hospital officers, for the protection of the patients and for the prevention of accidents, should know from the first what must be guarded against.

The question as to mental and nervous disease in ancestors or kinsmen, should be fully answered. It is only through the family physicians and the people at home that correct information of this kind can be obtained, and while many conceal these facts, a word of explanation may bring out what cannot be otherwise ascertained.

The general physical condition has a direct bearing on the prognosis, and it is especially desirable to know of the existence of contagious disease, cancer and tuberculosis, and it is important to know if a patient is to come from home, or from county home or jail.

These observations may seem trivial and useless to those unacquainted with the average manner of answering the questions which the law prescribes, and, too, the fault does not lie with the backwoods members of the profession. Many of our best practitioners regard the questions as formal and content themselves with answering them in the most terse way, concealing the facts for the sake of brevity in the answers. The best descriptions often come from uneducated persons, as we sometimes found under the law recently repealed, that the committing magistrate whose composition was faulty and spelling worse, gave a more comprehensive description of a case than the medical witness who testified before him.

In conclusion let me beg that those who have honored this with their attention, will apply it when next called to a case of this kind and will help our efforts to perfect and simplify the medical examinations and the legal processes.

Etiology and Treatment of Menorrhagia and Metrorrhagia.

By Dr. W. W. McKenzie, Salisbury, N. C.

Menorrhagia is the term used to designate an excessive loss of blood at the menstrual period. Metrorrhagia is the term used to designate a loss of blood from the uterus at other times, without any reference to periodicity. Time was when these two subjects were a long way apart, but it is now perceived that all red fluxes from the uterus are essentially hemorrhages, and all akin. "When we meet with a metrorrhagia which begins in an inter-menstrual period, continues with increased volume through a menstrual period, and so runs on for weeks, we perceive but very little difference between the two affections; or, if we encounter a case of sharp menorrhagia which each month lingers longer through the inter-menstrual period, to become at last an unbroken flow, we must admit that our classification is artificial and a matter of mere words." (Milliken.)

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THE CAUSES OF MENORRHAGIA AND METRORRHAGIA ARE BOTH CONSTITUTIONAL AND LOCAL.

Abnormal changes in the blood and condition of the system known to have a debilitating tendency are the most prominent. As anemia (in all forms), we have a relatively greater amount of water in the blood, and a relatively diminished amount of albumoid substances, and diminished coagulability. Chlorosis in this regard as in many others, stands apart from the anemia, for it tends to scanty flow, if any. (2) In plethora the increased flow is due rather to high arterial tension than to a morbid condition of the blood. (3) In malaria poisoning we have the tendency of bleeding well marked, not only in the uterus, but also in the bladder, rectum and nose. (4) "In the specific infectious diseases we have reason to believe that hemor-

rhage is often excessive by a combination of impoverished blood, altered blood vessels, and the debility of an organism that is too busy with the disease to make repairs in the uterus." (Reed.) (5) In any form of debility, menstruation is apt to run into excessive hemorrhage from inability to promptly repair the endometrium. (6) In purpuric conditions we have a strong tendency toward menorrhagia, for in this disease the blood is altered in such wise that it has a manifest tendency to transudation, and a loss of the moral coagulability. Menstruation opens the door, and the flow is excessive.

LOCAL DISEASES ABOVE THE PELVIS CAUSING MENORRHAGIA.

(1) Violent emotion has often been known to increase the menstrual flow even to the danger point. We are obliged to assume that it causes vasomotor paralysis. I have in my mind now a woman while menstruating received the sad intelligence that her husband, who was an engineer, was killed, and at once the flow became so profuse that I was afraid she would bleed to death before I could relieve her. (2) "Cardiac diseases, with venous stasis, extravasation is invited, stagnant blood dammed back in the veins by an inefficient heart, seeks a place of least resistance, even in the male patient. In the female the place is indicated plainly once a month." (Milliken.) (3) Pulmonary disease may run such a course as to obstruct the pulmonary circulation early; thus wearing out the right heart, and leading to venus stasis. Ordinarily the early course of the disease is toward amenorrhoe, or scanty menstruation, and the blood is rich in the coagulating principle. (4) In hepatic disease the return of blood from the uterus is impeded, and there exists in jaundice the hemorrhagic tendency which is the plague of the surgeons. (5) In splenic diseases, also, there is some obscure alteration of blood or blood vessels disposing to hemorrhage as in uraemia. All of these causes of menorrhagia are rare. In a number of abdominal tumors we shall find a great number of cases of menorrhagia due to pressure of the great veinous avenues of return of blood, and to the perturbing influence of pressure on the uterus. Yet the commonest cause of menorrhagia after all is the faecal tumor so often present in the female patient. It, like any other abdominal tumor of its size, operates viciously by compressing venous trunks; it presses upon the uterus, and directly irritates the organ; it is liable through the sympathetic system to irritate the nervous apparatus of the uterus and increase its arterial supply; by its downward pressure it aggravates every flexion and version; it slowly establishes a condition of stercoramenia and hydramia; it breeds a tympanitic tumor in addition to the solid faecal mass, and thus still more increases pressure. But for the etiology of menorrhagia, we look more to the bleeding organ itself, and its neighbor, the pelvis. The uterus and tubes are anatomically continuous, and virtually inseparable by a dissection. These organs and the ovaries have a common supply. The whole trio are fed by only two pairs of arteries and but few veins. It is therefore inherently probable, and it is clinically proved, that irritation or inflam-

mation of one of these organs must lead to an exhalted function of the other two. Passing to the uterus itself, we note that one of the most common causes of menorrhagia may be found in the sub-involution of the uterus after abortion. Sub-involution may also occur after delivery at full term, especially if it is not followed by lactation. In the condition known as areolar hyperplasia, sometimes reckoned a true chronic corporeal metretis, we have a flabby atonic state of the uterus, with enough inflammation to determine much blood to the uterus, and to limit its power of repair after the menstrual wreck. Inflammation involving the endomentrium tends to produce menorrhagia, and this tendency is especially well marked in the cases where large granulations are produced on the interior surface. Healed lacerations of the cervix and deep ulceration at the same site sometimes seem to be starting points of irritation that disposes to an increase of menstrual blood. In malposition of the uterus we have often the greatest irritation, leading to increased blood supply. In some of the malpositions the veins of the broad ligament become varicose from distortion, and long continued pressure, the blood returning from the small vessels of the endometrium passes into the uterine sinuses, and thence towards the heart by way of the veins in the panpineform plexus, and it is evident that any limitation of the carrying power of the veins of this plexus will produce some degree of stasis in the uterus. Uterine tumors also act in this double manner to cause menorrhagia; they vastly increase the moral irritation of the uterus, and they act in a mechanical manner by pressure or by dragging to block the veins of the broad ligament. Subperitoneal tumors do less harm than those which lie in the wall of, or under the endometrium. After incomplete abortion where some portion of placental tissue remains rooted in the endometrium—the menstrual flow is sometimes enormous. A woman was sent to me by another physician from another town in this State, with a history of four or five miscarriages, the flow almost continuous from one abortion to the other, with frequent violent flooding attacks—had lost 35 pounds in weight; all this occuring within a space of seven months (during the year 1899). I at once curretted this patient, removing a great amount of placental tissue. After this I gave her a uterine douch daily for ten days of 1 to 6,000 bichloride solution, after which the flow ceased, her temperature went down from 105 degrees to normal. She regained her health entirely, and is now seven months pregnant. In addition to the above treatment, I gave her tonics (Fellow's Syrup of Hypophosphites), iron and cod liver oil. Malignant diseases of the uterus often lead to menorrhagia at an early age, and at any age. Reineck and others have of late years developed the fact that in some cases of menorrhagia, the uterine arteries are sclerosed, prematurely old, prominent and incapable of contraction. They carry a miximum of blood, and necessarily tend to menorrhagia. A few years ago I was called to see a woman aged thirty years, who was having a profuse hemorrhage from the uterus. It did not last very long, and stopped of its own

accord. She told me she was operated on by a surgeon in Richmond, Va., several months ago, he removing her ovaries, tubes and amputating the uterus. She had this menorrhagia every two or three weeks regularly. I can only account for this hemorrhage in this way: possibly a part of the cervix was not removed, and the hemorrhage is due to that. I mention this case as it is a very singular one.

TREATMENT.

The treatment for menorrhagia is first to remove the cause. If it be due to plethora the tendency is to automatic palliation, and later the volume of blood may be diminished by purgatives, exercise and restricted diet. In all forms of hydraemia the treatment must be toward restoring to the blood its nutrient principles, and especially its saving power of coagulation. The bowels should be kept open by a mild purgative; the woman should lie down—her feet should be kept warm day and night. In early cases the tampon should be applied in such a manner as to correct any malposition of uterus, and it should make strong pressure on the cervical tissues. No styptic substance should be used, since it is not the object to coagulate the blood in the vagina. Some antiseptic substance should be used on the tampon like boric acid, which is only slightly toxic, is inoffensive and has a slight acid reaction to avoid neutralizing the normal acid of the vagina. In extreme emergencies, the uterus might well be flushed with hot water at a temperature of 110 or 115 under asepis, and with free return of fluid secured. The emergency passed, we should endeavor to improve general nutrition, and to enrich the blood by giving iron alternated with arsenic. Menorrhagia complicating the acute infectious diseases is seldom severe or long continued. In the exanthemata it usually declines with the development of the cutaneous eruption. In scorbutus the treatment is dietetic. In malaria treatment for the toxemia will accomplish brilliant results even in an emergency. The chief danger in menorrhagia is that the physician will seek for a cause in the pelvic organs, and overlook some profound diseases or dyscrasia. When this effect is due to pulmonary and cardiac diseases the only treatment necessary is directed to a relief of venus stasis. The treatment of faecal tumors is of the greatest importance. They should be swept out by repeated doses of purgative, and in severe cases it may be necessary to aid purgatives by enemata. When the bowel is well emptied, it is important to keep it empty to the physiological limit. It has long been taught that a sharp purgative preferably mercurial given a few days before menstruation has a distinctly curative effect in some cases. Supposing the bowels to be in good order, we may resort to ergot and its allies, with the hope of permanently contracting the fibers of the uterus, and the muscular fibers of uterine and ovarian arteries. This treatment is of no avail in emergency, but under ordinary circumstances should be maintained for one or two months at least. Excellent results will sometimes be obtained by giving idoide of potassium for ten or twelve days previous to the menstrual period. The dose should rise as rap-

dly as tolerance will permit from ten o forty grains per day, and be there naintained until the second day of nenstruation. In rare cases supposed o be caused by ovarian irritation, the romides will diminish the flow. They certainly tend in the main to diminish the flow, and as Ernst of Vienna has pointed out, to increase the nterval between the menstrual period. The positive pole in the uterus, carying a galvanic current, has an admitted haemostatic effect, the current being cautiously raised to from 30 to o millianpeares. Later in the abence of hemorrhage or inflammation he current may be much increased. n emergencies the current used in the nterior for haemostatis may be raised o 150, and it may be understood that ntiseptic technique must accompany his treatment." (Goelet, New York Medical Record, March 29th, 1891.) Desperate cases of menorrhagia may equire the induction of the menoause by the aid of the surgeon. Metorrhagia in young married women hould excite suspicion of incomplete bortion. In such cases curettage hould be done at once, and with every ntiseptic precaution, while if not folowed by strict antiseptic measures, it a worthless and dangerous expedent. The surgeon should prepare is hands by first scrubbing well with oap and water, and then passing hem through the permanganate soution and oxalic solution, and finally bi-chloride 1 to 4,000. Instruments should be sterilized. The vagina should be thoroughly cleansed by hot water and bi-chloride solution. In mature life metorrhagia much more than menorrhagia should excite suspicion of uterine cancer. In metrorrhagia inter-uterine application will work a cure in a larger proportion of cases than in menorrhagia, the cervix being sufficiently dilated, iodine in solution, phenol pure, diluted or combined with iodine, creosote in solution, or tannic acid, or if you have neither of these you should use vinegar. This may be carried up to treat the entire endometrium with the hope of reducing succulence or atony, or of reducing inflammation. The solution of these, and other styptics and cauterant substances, is often made in glycerine, and that solvent by virtue of its great affinity for water is able to deplete the endometrial tissue and new growths. When due to polypi or other growths of course the treatment is for the removal of the same. I was treating a case of metrorrhagia for 5 or 6 months during the year 1897 before I ascertained the cause. I suspected the cause, but the patient would not submit to a vaginal examination until the hemorrhage became so very alarming she at last consented. Upon examination, I found a very large polypus, which was removed. This put an end to the hemorrhage immediately.

REVIEW OF MEDICAL AND SURGICAL PROGRESS.

Questions of Interest Pertaining to Syphilis.

At the forty-fourth meeting of the Maine Academy of Medicine, Dr. Foster, of Portland, read a paper entitled, "Nine Questions on Syphilis, with Answers from a Number of Authorities." Briefly stated, the nine questions are as follows:

1st. What per cent. of the population have syphilis. 2d. Is it advisable to begin treatment prior to the appearance of the secondary symptoms. 3d. Treatment of the local sore. 4th. Is syphilis curable? 5th. Should syphilitics be allowed to marry; if so how soon after infection? 6th. Does an attack of syphilis render the subject thereafter immune to other disease? 7th. Are children born of parents, one or both of whom may be syphilitic, but who have been properly treated, necessarily affected with the disease? 8th. Does inherited syphilis immune the subjects from future attacks. 9th. Treatment.

It will be noted that the nine questions cover most of the practical points bearing on syphilis, and are, moreover, the very questions that the unfortunate victims of this malady are most likely to ask of their medical adviser. While scientific investigation has done much to classify and differentiate the various venereal diseases and in great part removed them from the shadowy domain of the quack and charlatan, it is of interest to note the points of variance between the authorities who have repled to Dr. Foster's inquiries, and yet, on the whole, the answers conform to what is generally accepted as representing the present status of our knowledge. Perhaps also the apparent difference lies as much in the universal tendency upon the part of the individual to emphasize certain favorite points and to underestimate others.

In answer to the first question, such an authority as Dr. Frank Lydston says ten per cent. or more of the population of our large cities has syphilis, while Dr. Ramon Guiteras answers one-fifteenth of one per cent. Dr. Jos. M. Matthews leans to the opinion that six or seven million people in the United States are suffering from the disease. Others very properly reply that they have no means of forming a reliable estimate and decline to risk figures.

The second question is one of considerable importance, for patients suffering from a suspicious sore often request their physicians to use remedies at once to prevent the appearance of symptoms which would publish to the world that they were the subjects of a loathsome disease. Here the authorities consulted are about equally divided. Perhaps the reasons in favor of a prompt use of remedies before the appearance of secondary lesions is best set forth in the reply of Dr. Lydston: "They (patients treated before the secondary symptoms are manifest), do not do well in the long run, but I wish to forestall disfigurement, detection, and possible malignancy of the attack. I also like to protect innocent persons, so far as I may, by getting the lesions out of the way (or preventing them) as soon as possible."

The other side of the question is well presented by Eugene Fuller, who says: "Theoretically, the earlier the treatment is commenced the better. The practical objection against beginning treatment before secondary symptoms, are that by so doing (1) a certain percentage of people are treated for syphilis who never contracted the disease. (2) The patient later on, not being perhaps convinced that he has ever had the disease, neglects his treatment, or comes to mistrust the diagnosis or honesty of his doctor. No patient should be started on treatment until he is convinced that he has the disease."

In answering the third question, none of the authorities answering suggested anything at variance with the commonly prescribed method of treating the local sore; most of them advising against irritating applications.

The fourth question, "Is syphilis curable?" develops some divergence of opinion as to the positiveness with which such a question may be answered, but all are in agreement as to the practical curability of a very large proportion of cases following a strict line of treatment, although Allen answers that as we have no test applicable to particular cases, we are hardly in a position to guarantee a future immunity from the various late manifestations of the syphilitic infection.

The fifth question as to whether a subject of syphilis should be permitted to marry at all, or if so, after what length of time, is answered very much in accordance with the views expressed in replying to the previous question. The great majority subscribe, however to the usual rule, and advise against marriage for periods varying from two to five years. Matthews advises against marriage at any period.

Although not equally positive, nearly all the authorities questioned believe that one attack of syphilis renders the subject immune to future attacks in the great majority of cases. The immunity conferred by hereditary syphilis is considered by nearly all as very uncertain. The answers regarding the treatment develop nothing new, the views of the majority being in the main in accord with the usual teachings.

Clinical Experience With Adrenalin.

By EMIL MAYER, M. D., Surgeon, New York Eye and Ear Infirmary, Throat Department; Fellow American Laryngological Association; and of the New York Academy of Medicine, New York. Abstract from original paper, in the *Philadelphia Medical Journal*, April 27, 1901.

The aqueous extract of suprarenal gland is perhaps the best culture medium known. Its instability, the involved method of preparation, its unsightliness, and the inexactitude of its various strengths tend to make us welcome a preparation that is exact, stable, and above all, clean. Dr. Jokichi Takamine undertook the task of isolating the active principles of the suprarenal gland. He obtained a substance in stable and pure crystalline form, which raises the blood pressure, and which he named "Adrenalin."

The author has used solutions of Adrenalin Chloride, 1 to 1,000, 1 to 5,000 and 1 to 10,000; his cases were all rhinological. Blanching of tissues followed the application of the strongest of these solutions in a few seconds, and was very thorough. In no in-

stance was there any constitutional disturbance. He has employed no suprarenal extract since, for any purpose whatever.

The effect of the solutions was not altered by their change to a pink color; they were used for six weeks. Subsequently a small amount of chloretone was added to the fresh solution and now there is but one slight change of color and no floccules appear.

Thirty-five cases are reported in tabulated form, showing that the usual effect of the aqueous extract of the suprerenal gland was obtained. A few operative cases bled freely, but in every instance the hemorrhage was promptly checked by a second application of Adrenalin. The Adrenalin was used not only as a hemostatic, but for the relief of nasal congestion, as a diagnostic aid, and for the continuous treatment of acute inflammatory affections of the accessory sinuses.

The author arrives at the following conclusions:

1. Adrenalin Solutions supply every indication for which the aqueous extract has been used.

2. They are sterile.

3. They keep indefinitely.

4. Solutions, 1:1,000 are strong enough for operative work; and 1:5,000 and 1:10,000 for local medication.

5. They may be used with safety.

In this connection it is interesting to note that E. Fletcher Ingals, M. D., of Chicago, also has had a satisfactory experience with Adrenalin. In a paper entitled "Notes on Adrenalin and Adrenalin Chloride,"* he reports that he experimented with solutions, varying from 1 to 1,000, to 1 to 10,000, of the Chloride of Adrenalin in distilled water or normal salt solution, and kept careful records until satisfied of its activity. In nine cases a very small quantity of a spray, one part of Chloride of Adrenalin to 10,000 parts of water, was applied to the nasal cavities, with the effect of blanching the mucous membrane quickly, and in most cases causing contraction of the swollen tissues, similar to that caused by cocaine. The first solution used was made with distilled water and caused smarting; normal salt solution was then used as the solvent with perfect satisfaction. The smarting may have been due to the presence of a small quantity of formalin in which the atomizer had been washed just before use.

Experiments were also made with insufflations of a dry powder consisting of 1.5 per cent. (75 parts) each of biborate of sodium and bicarbonate of sodium; 3 per cent. (150 parts) light carbonate of magnesium; one part of Adrenalin, to 5,000 parts of sugar of milk. This powder cleared the nasal cavities when obstructed by swelling of the turbinated bodies, and diminished the secretions decidedly. A case of daily epistaxis was relieved by sprays of 1 to 5,000, or in powder of 1 to 5,000 or 1 to 2,500, sugar of milk. In acute coryza and in hay fever, in epistaxis from various causes, in acute inflammation of the fauces, solutions of 1 to 1,000 will have good effects. In acute or subacute laryngitis, solutions of 1 to 1,000 applied with moderate force, will give very great relief; it appears probable that vocalists may obtain sufficient relief from congested cords, to

* Journal of the American Medical Association, April 27, 1901.

at least two or three hours, to obtain normal efficiency in the use of the voice.

In a paper read before the Chicago Laryngological and Climatological Association, W. E. Casselberry, M. D., called attention to the fact that Adrenalin Chloride Solution is clear, colorless, odorless, sterile and stable, if protected from heat, light and oxidation; it is non-irritating to mucous membranes. When applied locally it exerts identically the same vaso-constrictor influence as the aqueous adrenal extract. Sprayed into the nostrils in the strength of 1 to 1,000 it produces a visible change from turgidity to compactness of the turbinated tissues, and a decided pallor of the mucous surfaces. In the strength of 1 to 1,000, or even 1 to 5,000, it has the power to limit hemorrhage during operations and is an aid in the treatment of epistaxis. It may be substituted for cocaine in which an ischemic effect is desired, e. g., to facilitate inspection of the deeper recesses of the nasal cavities and to make them more accessible. Adrenalin has little or no cerebral stimulant effect, exciting no desire for more of the drug; hence, there is little risk of habit-formation.

The author expresses the opinion that Adrenalin should afford relief in asthma associated with bronchitis and vaso-motor paralysis, although he would expect little benefit from its use in asthma characterized by bronchial spasm. It may be formed into an ointment with vaseline, or mixed with stearate of zinc, powdered starch or sugar of milk to make powders for nasal or laryngeal insufflation. The bibliography is very comprehensive, covering the literature of the subject down to the present date.

NORTH CAROLINA STATE BOARD OF MEDICAL EXAMINERS.

Annual Session at Durham, N. C. May 16, 1901.

EXAMINATION IN ANATOMY.

Dr. J. Howell Way, Waynesville, Examiner in Anatomy.

1. Describe the external surface, vertical portion, of the frontal bone.

2. What is the average thickness of the skull-cap and where are the thickest and thinnest portions found?

3. Describe the elbow joint, giving classification, bony surface entering into its formation, names of ligaments, arterial and nervous supply, and actions.

4. Give origin, insertion, blood and nerve supply, with actions of sterno cleido-mastoid.

5. Locate and describe the deep palmar arch.

6. Describe the arterial supply of the dorsum of foot and name branches.

7. Describe the fissure of Rolando and locate same on the exterior of the skull.

8. Locate the liver, give weight, dimensions, and describe its inferior surface.

9. Name the branches of the external popliteal nerve and describe their distribution.

10. How far above the level of the first rib does the lung apex extend and what structures lie in front of it?

Examinations by Albert Anderson, M. D., Wilson, N. C.

OBSTETRICS.

1. Give distinction between first and subsequent pregnancies.

2. Give treatment for pregnancy-vomiting.

3. Operation for Cæsarean section.

4. Give anatomy of breast changes during pregnancy and lactation.

GYNECOLOGY.

1. Vaginismus. Definition, cause and treatment.

2. Myomata. Their description, position and symptoms.

3. Give indications for Trachelorrhaphy.

PEDIATRICS.

1. Rheumatism. Varieties, cause, symptoms and treatment.

2. Variola and Varicella. Define the terms and give the difference between the two.

3. Pneumonia. Varieties and treatment.

MATERIA MEDICA AND THERAPEUTICS.

By Dr. E. C. Register, President, Charlotte, N. C.

1. Name the preparations of Aconite and give the dose of each.

2. What is Salol? Give its therapeutical uses.

3. What does Dover's Powder contain?

4. Name two or three of the best respiratory stimulants and a few conditions where they are indicated.

5. Describe the value of Quinine in the different forms of malaria and how it should be given in each case.

6. Give the physiological action of Strophanthus on the heart.

7. When are Emetics contra-indicated?

8. Describe symptoms of Chronic Lead-poisoning.

9. How would you treat a case of Phosphorus poisoning?

10. What is the difference between carbolic acid and creosote? Compare them physiologically.

CHEMISTRY.

Dr. Thos. S. McMullan.

1. (a) What is an amorphous substance? (b) What is "distillation" and what is "sublimation?"

2. (a) What is "capillary attraction?" (b) What is a chemical element?

3. State the difference between a chemical compound and a mechanical mixture, and give an example of each.

4. (a) In what natural state is "chlorine" to be chiefly found? (b) What are the physical properties of "iodine?"

5. What is ozone; under what natural conditions is it found?

6. (a) What properties should water possess to be "good drinking water?" (b) Why are nitrites and nitrates objectionable, and how may impure water be made fit to drink?

7. Give the constituents of atmospheric air and state the chief difference between animal and vegetable respiration.

8. What is putrefaction? State

under what conditions this process occurs.

9. (a) Mention a carbohydrate of animal and one of vegetable origin. (b) What is the most characteristic chemical feature of "haemoglobin?"

10. (a) What is an alkaloid, and mention one. (b) What is electrolysis?

Dr. J. C. Walton, Reidsville.

PRACTICE.

1. Name the eruptive fevers describing the eruptions of each; state where it first appears, and the time of its appearance—*i. e.*, measles, scarlet fever, varicella and variola—differentiate clearly between the last two.

2. Give the symptoms of croupous pneumonia in its various stages, and give treatment both general and local.

3. Differential diagnosis and treatment of chronic parenchymatous and chronic interstinal nephritis.

4. Symptoms, diagnosis and treatment of diphtheria.

5. Causes, prophylaxis and treatment of typhoid fever.

6. Describe a case of cerebral hemorrhage; causes, symptoms, diagnosis (differentiating between ureamic and alcoholic coma and opium poisoning), and treatment.

7. Describe a case of acute articular rheumatism and give treatment with special reference to the avoidance of complications.

8. Treatment of chronic gastric catarrh.

9. Differential diagnosis between aortic and mitral regurgitation, and state how you would detect and treat failure of compensation.

10. Describe briefly how you would disinfect person and room after smallpox, naming the best known disinfectant and how obtained. How often is it necessary to vaccinate, and what kind of virus would you use?

EXAMINATION ON SURGERY.

By D. T. Tayloe, M. D.

1. What is appendicitis? (a) What are the varieties of that disease? (b) What are the causes and the clinical aspect? (c) What is meant by recurring and relapsing appendicitis? (d) What is the conservative treatment, and what is the operative treatment of appendicitis? (e) Describe the operation.

2. What are the anatomical, and what are the clinical varieties of hemorrhage? (a) What is the general or constitutional treatment in case of collapse or threatened death from hemorrhage?

3. Explain the terms "delayed union" and "ununited fracture." (a) What is the cause, pathology and treatment of these varieties of fibrous union?

4. What are the symptoms and causes of general cerebral compression? (a) What are the non-operative and operative treatment of general cerebral compression?

5. What are the indications for laparotomy in abdominal wounds? (a) When is drainage necessary after abdominal section? (b) How is it effected in the abdominal cavity? (c) What is the management of the drainage tube?

6. What is the etiology, pathology and symptoms of varicose veins? (a) What is the treatment of varicose veins of the limbs? (b) Describe the surgical treatment?

7. What are some of the condi-

tions that call for, and what are the conditions contraindicating amputation? (a) Describe the principles to be observed in performing an amputation.

8. What is septicæmia? (a) In true septicæmia how does the blood in general become infected? (b) What is the condition of the wound? The symptoms and treatment of septicæmia?

9. How do you prepare patients for the administration of anæsthetics? (a) What accidents may occur? (b) What precautions are taken during administration of ether? (c) Under what circumstances is chloroform preferred to ether?

10. What discolorations may occur at the elbow-joint? (a) Give the symptoms and treatment of backward luxation of the radius and ulna? (b) What is the most difficult luxation to reduce? (c) What is the cause of difficulty?

QUESTIONS IN PHYSIOLOGY.

T. E. Anderson, M. D., Statesville.

1. Describe tubuli uriniferi, giving diameter, origin and endings, and part performed in the secretion of urine.

2. What are the known functions of the liver? Explain.

3. Locate the gyrus fornicatus; what effects would follow the destruction of same?

4. Name ferments of pancreatic secretion and part played by each in digestion.

5. How is animal heat lost under physiological conditions?

6. State what you know concerning the physiology of the thyroid gland.

7. State in general terms the location of the motor area of the cerebral cortex and trace the main path traveled by impulses from this area into the spinal cord.

8. What effect does a destructive lesion of one occipital lobe have upon vision? Why?

9. What nerves supply the heart? State the functions of each with respect to its influence upon the heart's action.

10. Give an account of the action of Vasa Motor Nerves.

Successful Candidates.

The following list is the names of those candidates for license to practice in North Carolina, whose answers to the foregoing questions were satisfactory:

E. D. Meadows, Oxford, N. C.; J. E. Foscue, Pollocksville, N. C.; R. H. Speight, Jr., Wrendale, N. C.; G. M. Maxwell, Davidson, N. C.; Hoagland Cook Davis, Fayetteville, N. C.; Andrew F. Tuttle, Germanton, N. C.; Jno. Alexander Mackethan, Fayetteville, N. C.; Aaron Chapman Woodruff, Sparta, N. C.; M. Hugh McBryde, Little River Academy, N. C.; W. E. Kornegay, Goldsboro, N. C.; Zenas Fearing, Elizabeth City, N. C.; R. W. Zimmerman, Enterprise, N. C.; Seavy Highsmith, Parkersburg, N. C.; L. Lester Self, Lincolnton, N. C.; Jas. F. Dicks, Walkerton, N. C.; Thos. L. Ginn, Goldsboro, N. C.; Ethelred Hooks, Fremont, N. C.; Wm. H. Dixon, Edward, N. C.; H. H. Hunter, Somerton, Va.; E. R. Hart, Tarboro, N. C.; Eric A. Abernathey, Chapel Hill, N. C.; W. R. Goley, West Durham, N. C.; Joseph A. Allen, Poindexter, N. C.; J. R. Parker, Laws, N. C.; C. M. Hughes,

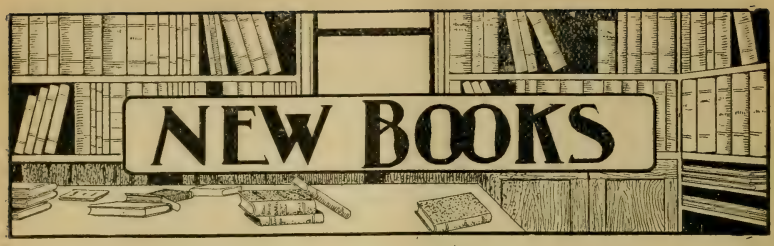
Cedar Grove, N. C.; Jno. H. Tucker, Henderson, N. C.; Jno. C. Hocutt, Ewit, N. C.; H. P. Underhill, Selma, N. C.; R. W. Johnson, Oakdale, N. C.; Claude D. Thompson, Harden, N. C.; Lawrence E. Holmes, Biltmore, N. C.; E. A. Thomas, Durham, N. C.; Wm. A. Graham, Durham, N. C.; E. G. Ballinger, Tryon, N. C.; Jno. Hodges Drake, Jr., Asheville, N. C.; Watson S. Rankin, Erskine, N. C.; B. S. Herring, Wilson, N. C.; Chas. H. Sheppard, (col.), Raleigh, N. C.; W. F. Hargrave, Tarboro, N. C.; W. H. Prioleau, Jr., Asheville, N. C.; Jas. W. Peacock, Salisbury, N. C.; O. W. Halloway, Gorman, N. C.; Geo. Ruffin Benton, Wilson, N. C.; G. E. Newly, Hertford, N. C.; Lucius B. Morse, Asheville, N. C.; Dunlap Thompson, Marven, N. C.; H. H. Briggs, Asheville, N. C.; Arthur L. Jones, Silas Creek, N. C.; D. L. Garland, Rabun Gap, Ga.; R. H. Garren, Limestone, N. C.; Jas. Harsy Hosner, Wilmington, N. C.; F. S. Hargrave, Lexington, N. C.; W. W. Easly, Aulander, N. C.; Augustus S. Rose, Fayetteville, N. C.; S. Walter Staley, Liberty, N. C.; Jno. Thomas Hiatt, Ellerbie, N. C.; T. V. Moore, Phoenix, N. C.; Edward C. McEachern, Wilmington, N. C.; Jno. P. Monroe, Sanford, N. C.; Paster B. Orr, West Asheville, N. C.; Paul R. MacFayden, Clarkton, N. C.; R. Vance Brawley, Mooresville, N. C.; Albert Sherrill, Lenoir, N. C.; Peter C. Jurney, Olin, N. C.; Chas. Z. Candler, Dillsboro, N. C.; W. L. Taylor, Stovall, N. C.; A. F. Williams, Kenansville, N. C.; Arthur J. Edwards, Winston, N. C.; Clyde E. Cotton, Black Mountain, N. C.; S. P. Watson, Rock Hill, S. C.; Geo. W. McGregor, Pinehurst, N. C.; Wm. R. Kirk, Durham, N. C.; Henry H. Kapp, Bethania, N. C.; Claude L. Pridgen, Kinston, N. C.; Louis C. Skinner, Greenville, N. C.; Thomas M. Green, Wilmington, N. C.; Francis O. Rogers, Concord, N. C.

Heroin in Summer Diarrhea of Infants.

M. Loewenthal (*Gaillard's Medical Journal*), reports several cases of diarrhea in infants treated successfully with heroin hydrochloride. In the cases reported, no food was given during the first 24 hours. The author gives the following table of *maximum doses*:

1 month, 1-300 grain.
2 months, 1-275 grain.
3 months, 1-250 grain.
4 months, 1-240 grain.
6 months, 1-220 grain.
8 months, 1-200 grain.
10 months, 1-150 grain.
12 months, 1-125 grain.
2 years, 1-50 grain.
3 years, 1-36 grain.
4 years, 1-30 grain.
5 years, 1-25 grain.
6 years, 1-20 grain.
7 years, 1-18 grain.

In administering heroin hydrochloride to young children, we need not feel alarmed, as we would if we were giving opium. The author has never seen (or read of) any bad effects from it. It combines well with pepsin and acids, but should not be given with alkalies, as it precipitates. It does not interfere with digestion, and consequently is valuable in cases of acute gastritis, colic, spasm, dyspnea, and other gastro-intestinal disorders.



A Treatise on Appendicitis.

By GEORGE RYERSON FOWLER, M. D., Professor of Surgery in the New York Polyclinic ; Examiner in Surgery, Medical Examing Board of the Regents of the University of the State of New York ; Surgeon to the Methodist Episcopal Hospital ; etc. Second Edition, enlarged and revised. J. B. Lippincott Company, Philadelphia, 1900.

Appendicitis is of such frequent occurrence and of such vital consequence to the patient that it is impossible for the physician to know or read too much about it. It is one of the most largely discussed questions in modern medicine, authors still holding divergent views in regard to the indications for operation. Still, it may be said that the operative tendency is growing. There are several monographs on appendicitis, and Dr. Fowler's work is among the best. The anatomy, with variations, the pathology and bacteriology are carefully studied. The chapters on symptomatology and its diagnosis are thorough and well written. In the chapter on prognosis the author defines his position in the first paragraph. "The prognosis of appendicitis is unfavorable in the cases treated non-operatively in proportion to severity of the infection; and in the cases treated surgically in proportion to the delay in instituting operative interference." Also in the chapter following in which he says, "the absolute rejection of the operative treatment of appendicitis is only justifiable under circumstances where the consent of the patient, or those responsible for him, cannot be obtained, or when he is placed under conditions such as to prohibit the employment of proper surgical aid." The operative technique is carefully considered and various operative procedures described. Illustrative cases are freely cited and the text elucidated by well drawn figures and photographs.

A Text-Book of Gynecology.

Edited by Charles A. L. Reed, A. M., M. D , President of the American Medical Association, 1900-1901 : Gynecologist and Clinical Lecturer on Surgical Diseases of Women at the Cincinnati Hospital ; Fellow of the American Association of Obstetricians and Gynecologists, etc Royal Octavo, cloth 900 pages. D. Appleton & Company, New York, 1901.

This work presents a new idea of the modern composite book. The writers, instead of being all gynecologists, are specialists in the various branches of medicine, and this is well, for there is no branch which is not closely related to gynecology in some of its phases. The views of eminent gynecologists are, however, by no means neglected, for we find among the contributors such eminent workers in this branch as Ballantyne, of Edinburgh, Henry C. Coe, John G. Clark, Walter B. Dorsett, Joseph Tabor Johnson, Matthew D. Mann, Lewis S. McMurtry, Henry P. New-

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DOSE—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain) produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause sickness of the stomach does not usually follow.

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[WARNER & CO.]

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Parvules of Aloin, 1-10.

[WARNER & CO.]

Med. Prop.—A most desirable Cathartic.

The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one to two every evening at and about the expected time.

DOSE—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt and ample cathartic effect, unattended with nausea, and in all respects furnishing the most aperient and cathartic preparation in use. For habitual constipation, they replace when taken in single Parvules the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

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Med. Prop.—Cathartic Cholagogue.

Two Parvules of Podophyllin, administered three times a day, will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

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This Parvule will be of great use to Physicians, as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

Parvules of Corrosive Sublimate, 1-100.

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Dr. Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the Treatment of Diarrhœa, whether the stools contain blood or not.

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Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric functions.

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man, Hunter Robb, James F. W. Ross, W. Japp Sinclair, and L. H. Dunning.

In other branches, the editor has obtained the services of such men as Horace J. Whitacre, J. L. Rothrock, Wyatt G. Johnston and Maximilian Herzog, on questions of pathology; Murdoch Cameron, Wm. Warren Potter and E. Gustave Zinkle, on obstetrics; A. W. Mayo Robson, Malcolm L. Harris, Samuel G. Gaut, Hobart Amory Hare, Frank P. Foster, Thos C. Martin, Dan Millikin, A. Ravogli, on surgery, materia medica, rectal and skin diseases; F. X. Dercum on nervous disease. As a consequence of this co-operation of workers in the various departments of medicine, a single chapter is sometimes based upon contributions from several writers, while the whole has been rendered consecutive, systematic and homogeneous by the editor. The table of contents shows the proper authority for any statement that appears in any chapter. Thus, the subject of genecology is presented without the distinct line of demarcation that so often appears to separate it from general medicine. The illustrations are diagramatic, and made from drawings by Mr. R. J. Hopkins. They are very beautiful and elucidate the text admirably. Modern ideas in regard to treatment and general technique are fully discussed, and conclusions drawn as to the best methods. The work seems thoroughly up-to-date and is a valuable addition to the list of books on gynecology. The mechanical work is faultless.

The rain, though raining every day
Upon the just and unjust feller,
Fall chiefly on the just, because
The unjust takes the just's umbrella.
—*Credit Lost.*

Eczema, With an Analysis of Eight Thousand Cases of the Disease.

By L. Duncan Bulkley, A. M., M. D. Third edition; entirely rewritten. Students' Manual Series on Diseases of the Skin. G P. Putnam's Sons, New York. 368 pages, 11 chapters; cloth, $1.50.

The aim of the author of this exceedingly useful volume was to give the practitioner such a view of the subject of Eczema as to lead to its ready recognition and successful treatment.

Probably eczema is seen by the physician engaged in general practice oftener than any other form of skin disease, hence a good working knowledge regarding its varieties, its diagnosis, prognosis and treatment should be acquired by every practitioner.

This manual is written in a concise manner by one who understands his subject and few will open it without finding valuable suggestions. It is in every sense a good book and will abundantly repay the most careful study.

The American Year-Book of Medicine and Surgery for 1901.

A yearly Digest of Scientific Progress and Authoritative Opinion in All Branches of Medicine and Surgery, drawn from journals, monographs and text books, of the leading American and foreign authors and investigators. Arranged with critical editorial comments, by eminent American specialists. In two volumes—Volume I., including General Medicine, octavo, 610 pages, illustrated. Philadelphia and London. W. B. Sanders & Co. 1901. Per volume: cloth, $3 00 net; half morocco, $3 75 net.

The reputation of the Year-Book is so thoroughly fixed in the estimation of the medical public that any extended remarks upon the general plan

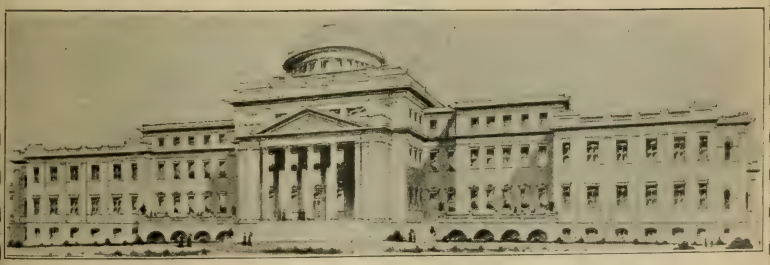
and aim of the work would be superfluous. The issue for 1901 will not fall behind the previous volumes in breadth and variety of information, being a thorough and sweeping survey of the progress of medicine during the past year. The profession appreciating the facilities with which the work can be consulted when printed in two volumes, the publishers have wisely adopted this plan in the present Year-Book. The following gives an idea of the contents for 1901:

In the first volume we have General Medicine, by Stengel and Edsall; Pediatrics, by Starr and Hand; Pathology and Bacteriology, by Riesman and Kelly; Nervous and Mental Diseases, by Church; Diseases of the Skin and Syphilis, by Duhring and Hartzell; Materia Medica, Experimental Therapeutics and Pharmacology, by Wilcox and Stevens; Physiology, by Stewart; Legal Medicine, by Johnston; Public Hygiene and Preventive Medicine, by Abbott, and Physiological Chemistry, by Jones and Hunt.

In the second volume we have General Surgery, by Keen and DaCosta; Obstetrics, by Hirst and Dorland; Gynecology, by Baldy and Dorland; Orthopedic Surgery, by Gibney and Waterman; Opthalmology, by Hansell and Reber; Otology, by Burnett; Diseases of the Nose and Larynx, by Ingals and Ohls, and Anatomy, by Harmann.

Presbyterian College for Women.....

Charlotte, N. C.



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Students' Edition, a Practical Treatise of Materia Medica and Therapeutics.

With special reference to the Clinical Application of Drugs. By John V. Shoemaker, M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies; American Academy of Medicine; British Medical Association; Fellow of the Medical Society of London, etc. Fifth Edition, Thoroughly revised. 6½ x 9½ inches. Pages vii-770. Extra cloth, $4.00 net; sheep, $4.75 net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

With the present edition the author has divided his work on Materia Medica and Therapeutics into two volumes, which, however, are to be entirely independent of each other one, and in this case case the present volume will be known as the Students' Edition, and the other, which the author promises will soon be issued, is to be known as the Physicians' Edition. He has been lead to make this change as a result of his experience in teaching and because of the many new remedies which have been introduced during recent years from the laboratory as well as from the vegetable kingdom. The present one, Students' Edition, will therefore contain a description of the drugs and preparations contained in the United States and British Phar-

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macopæias, with which, of course, it is essential that the student become thoroughly conversant. The well-known value of this work will cordially commend it to the class for which it is intended.

Progressive Medicine.

Vol I., 1901. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 430 pages, 11 illustrations. Per annum, in four cloth-bound volumes, $10.00. Lea Brothers & Co., Philadelphia and New York.

The first volume of the series of 1901 of this most valuable quarterly is replete with matter of the most practical nature.

The first section, by Dr. DaCosta, deals with surgery of the head, neck and chest. The high standard of excellence which has characterized the contributions by this writer in previous volumes is fully maintained. Special attention is called to the articles on plastic operations about the face; surgery of the lungs, and the most recent methods of dealing with periodical effusions.

In his article on the acute infectious diseases, Dr. Packard has devoted much space to a careful consideration of the important subject of typhoid fever. In view of the immense amount of material which has accumulated during the past year concerning this disease, the writer is to be especially commended upon the compact form in which he has presented the matter without neglecting any point of importance.

Dr. Crandall has given especial attention to the treatment of disorders in childhood and has added to his section a most valuable consideration of the practice of surgery upon children.

Dr Logan Turner contributes the article on Laryngology and Rhinology. Malignant diseases, and tuberculosis of the throat and nose are

University of Pennsylvania,

Department of Medicine.

The 136th Annual Session will begin Tuesday, October 1, 1901, at 12 M., and will end at Commencement, the second Wednesday in June.

The Curriculum is graded, and attendance upon four annual Sessions is required.

Practical Instruction, including laboratory work in Chemistry, Histology, Osteology, Bacteriology, Physiology and Pathology, with Bedside Instruction in Medicine, Surgery Gynæcology and Obstetrics, is a part of the regular course, and without additional expense

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among other subjects particularly considered.

The section on Otology, by Dr. Randolph, is essentially practical. He devotes much space to the diagnosis and treatment of the inaflmmatory diseases of the ear.

Every article evidences the care used in its preparation and the research and study of the several authors.

A Pilgrimage, or the Sunshine and Shadows of a Physician.

By Wm. Lane Lowder, B. S., M. D., McKinney, Ky. 196 pages ; cloth, $1.00.

This little book cannot fail to delight the practitioner. Each page bristles with good sense and gives evidence of wide reading, careful thought and close observation. The reader is stimulated to, under all circumstances, play the gentleman and thus practice the best of morals and ethics.

One cannot but feel, as he reads the pages, that the author is a Christian, a gentleman in whose professional life "sunshine" predominates over "shadows."

The Literary Digest of June 1st, is of unusual interest. We have room to notice only two headings, as below:

Topics of the day: Germany and the Monroe Doctrine; Our Troops Leave Pekin; the Machinists' Strike; "Tammany Plunder;" Mr. Carnegie's Gift to the Scotch Universities; Punishment of West Point Cadets; Resignation of the South Carolina Senators; Current Cartoons; Significance of the Supreme Court's Decision.

Science and invention: A New International Scientific Body; The Plague in San Francisco; Electrical

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Books Received.

Pulmonary Consumption, Pneumonia and Allied Diseases of the Lungs. By Thos. J. Mayo, A. M., M. D. E. B. Treat & Co., New York. Price, $3.00.

International Medical Annual for 1901. E. B. Treat & Co., New York. Price, $3.00.

Infant Feeding in Relation to Health and Disease. By Louis Fischer, M. D. F. A. Davis Co., Philadelphia. $1.50.

Clinical Pathology of the Blood. By James Ewing, A. M., M. D. Lea Brothers & Co. Cloth, $3.50.

The following books have just been issued from the press of W. B. Saunders Co.:

A Text-Book on the Practice of Medicine, in two volumes. By Dr. Herman Echhorst. Price, per set, $6.00.

Essentials of the Diseases of Children. By William M. Powell, M. D. $1.00.

Saunders' Medical Hand Atlases:

Atlas and Epitome of Labor and Operative Obstetrics. By Dr. O. Shaeffer. $2 00.

Atlas and Epitome of Obstetric Diagnosis and Treatment. By Dr. O. Shaeffer. $3 00.

Atlas and Epitome of Ophthalmoscopic Diagnosis. By Prof. Dr. O. Haab. $3.00.

Atlas and Epitome of the Nervous System and Its Diseases. By Prof. Dr. Chr. Jakob. $3.50.

Dr. John J. Kenyoun, so well and favorably known in Charlotte, has been transferred from San Francisco to St. Paul, Minn. Dr. Kenyoun was Federal quarantine officer at San Francisco and was bitterly attacked by some of that city's citizens on account of his devotion to duty. He *knew* plague was in San Francisco and he proceeded to fight the dread disease.

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MEDICAL NEWS AND ITEMS.

Dr. M. W. Hill, of Statesville, died at his residence on May 12th, age 63 years.

According to a French writer about one in every 500 men of the army or naval professions become helpless lunatics. The hum-drum duties of camp or ship-board life, together with home-sickness, do the work.

One doctor says he gets several journals and has no time to read any of them. Such a doctor is to the medical profession what the preacher says a member of the church is who has no time to read his Bible—he's a believer (?).

Chinatown, San Francisco, has been thoroughly disinfected, and in future will have to live in strict accordance with sanitary laws.—*Medical Age.*

(Thanks to Dr. Kenycun, who goes to St. Paul.)

If there is merit in regular medicine, stand by it. The lowest form of quackery is a man passing as a regular physician, and at the same time winking with and sugar-coating an irregular. If there is anything in irregular medicine, the manly thing to do is to take it.

Increase in drunkenness among the private soldiers in the army, says *American Medicine,* is reported to the War Department from every part of the country where troops are stationed. This is regarded as the result of the abolition of the sale of beer in the post canteens, as there has been an increase in the number of saloons in the villages adjoining the military reservations, dispensing cheap whiskey and other heavy liquors, and the soldiers are led into vices which are excluded from the limits of a military post. In Manila, the effect has been the same, where "bino"is drunk instead of beer. It is stated that nine-tenths of the men who have deserted to the enemy or have gone home sick or insane are "bino" fiends.—*Medical Age.*

According to the Philadelphia Medical Journal, the petition sent to the Russian Military Cabinet by the Society for the Protection of Public Health, asking that the customary drink of vodka, given to the soldiers, be discontinued, was declined on the ground that the amount of alcohol given to each soldier is small, and that he gets that at infrequent intervals. Such a moderate consumption of liquor, the government thinks, is harmless.—*Medical Age.*

Two South American States, Argentina and Uruguay, have made a treaty of sanitary alliance and protection as regards infections diseases, especially bubonic plague. It provides for mutual inspection and quarantine arrangements sufficient to protect either country from invasion of disease from the other without any undue interference with communications or commerce. It would be well if the example thus set were imitated by other nations.—*Medical Age.*

The National Sanitarium at Fort Stanton, for the treatment of tuberculosis, though exclusively for the treatment of patients sent from the Marine Hospital, is expected to help materially in the international fight against this dread disease. Surgeon General

Vyman will detail one of his most xperienced men to attend the Medi- al Congress, which will be held in ondon on July 22, to discuss the ex- rmination of tuberculosis. Fort tanton is situated in a peculiarly dapted climate, 6,126 feet above the ea. The purpose of the sanitarium threefold: To save the consump- ve sailor; to prevent contagion at ie Marine Hospital; to prevent con- gion on shipboard. The treatment llowed is largely one of diet and ex- osure to the open air. The Medical ureau of the army has established similar hospital at Fort Bayard, ew Mexico.—*American Medicine.*

It is announced that the dates of e next meeting of the Missisippi alley Medical Association have been anged from the 10th, 11th and 12th September, to the 12th, 13th and th of September. This change has en made necessary because the dates st selected conflict with another rge association meeting at the same ace.

The meeting is to be held at otel Victory, Put-in-Bay Island, ake Erie, O., and the low rate of one nt a mile for the round trip will be effect for the meeting. Tickets will on sale as late as September 12th, od returning without extension un- September 15th. By depositing ket with the joint agent at Cleve- id and paying 50 cents, the date can extended until October 8th. This ves members an opportunity of vis- ng the Pan-American Exposition Buffalo, to which very low rates by il and water will be in effect from eveland.

Full information as to rates can be tained by addressing the Secretary, . Henry E. Tuley, No. 111 West

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ERYSIPELAS.

Case II. A case of erysipelas from an ingrowing toe nail of a maiden lady about 40 years, which had extended over the entire foot up to the ankle; swollen out of shape, and that intense suffering incident to all cases of this character. Her foot gave her such pain as to cause her to cry out in anguish, claiming that amputation was preferable to such suffering. I applied Glyco Thymoline to every part of inflamed surface, then wrapped with an old linen cloth of four thicknesses that had been saturated in the solution of Glyco-Thymoline, bandaging all so as to exclude the air. Almost immediately a sensation of coolness followed by a cessation of pain, was experienced, which continued, only a few more applications being necessary to effect a radical cure.

HEMORRHOIDS.

Case III. The last and most marvelous case was that of an unmarried lady, middle aged, and a seamstress by occupation, troubled with hemorrhoids. The nodules were large and legion; were both external and internal, and aggravated at her menstrual period until she was confined to bed during these days. She had been operated upon sometime previously but with only temporary relief. She had used nostrums without number, though none had given any ease. She was bitter on her "lot in life," as she termed the complaint, and had no faith in my treatment for it. She only called me for ease while in bed. I put her on tonic laxatives and local applications of Glyco-Thymoline and hot water, equal parts. It acted like a charm, the throbbing pain got easier, the inflammation subsided, and she is, as she expresses it, entirely a new person.

SAMPLES AND LITERATURE ON APPLICATION.

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K & O Douche to physicians, 15 cts.; $1.50 per doz. Retail 25 cts. Remit stamps.

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Kentucky street, Louisville, Ky. Members of the profession are cordially invited to attend this meeting.

Those desiring to read papers should notify the Secretary at an early date.

Sanmetto in Debility and Irritability of Genito-Urinary Organs Following La Grippe.

Have been using Sanmetto for past three years with very satisfactory results in different forms of debility and irritability of genito-urinary organs. Am now using it on case of old lady, the sequelæ of la grippe, that is giving gratifying results. Was attacked after la grippe with hematuria, irritable stomach and general debility. After trying various remedies without success, placed her on Sanmetto, which she retained, and at once a marked improvement began. She is now on second bottle and improvement in general strength is marked. Hematuria is stopped. In cases of chronic urethritis I consider Sanmetto a specific. Will continue to keep Sanmetto within reach.

FRANK MCCORMACK,
Mem. Sandusky Co. Med. Society.
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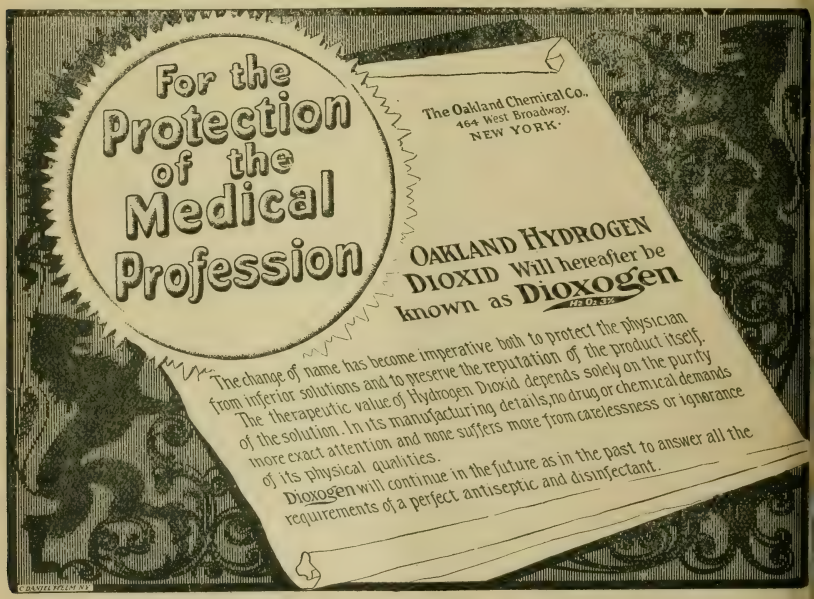
Among the Magazines.

One of the most remarkable, but least-noticed facts in connection with the war in the Transvaal, is the extreme youth of a large part of General De Wet's army. When the hostilities broke out almost every grown man enlisted, even the enfeebled, but the pace has been too rapid for the venerable burghers. As they were killed or incapacitated their places have gradually been taken by mere school-children, many only thirteen or fourteen years of age. Under the title of "The Youngest Soldiers in the World," in the June Cosmopolitan, Allen Sangree throws more light on the make-up and life of General De Wet's commandoes than anything hitherto published. The naive, sim-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ple letter from fourteen-year-old Deneys Reitz, to his father, the Secretary of State of the Transvaal Republic, has seldom been equalled for vital interest by any carefully written article on the war.

June Scribner presents its readers with the sixth of seven papers on "Russia of To-Day," dealing with Finland.

James B. Connolly furnishes a short story, "On the Echo 'o the Moon."

Walter A. Wycoff gives glimpses of a working man's life in "A Section-Hand on the Northern Pacific Railway."

Ernest Seton-Thompson, author of "Wild Animals I Have Known," writes in his characteristic style the story of "Krag, the Kootenay Ram," (in two parts, concluded in July).

"The Diary of a Goose Girl" is continued and will be concluded in July.

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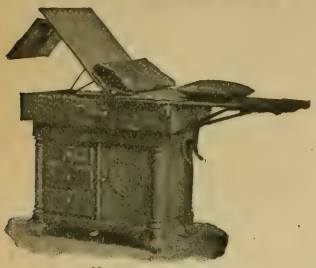

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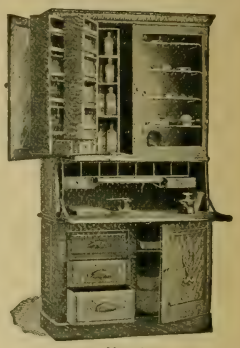

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The North Carolina Medical Society Meeting of 1901.

This meeting was held in the pushing town of Durham on May 21, 22 and 23, and was a success in every way. The number of physicians in attendance was large—and many valuable papers were presented to the society by its members, several papers being read by title, the authors being unable to be present.

The society voted to discontinue the official organ, overlooking the fact that in January last the editors of The Carolina Medical Journal addressed a letter to the society through its president, resigning the official organship.

The following officers were elected to office for one year:

President, Robert S. Young, M. D., Concord; First Vice-President, A. G. Carr, M. D., Durham; Second Vice-President, I. N. Taylor, M. D., Morganton; Third Vice-President, E. D. Dixon-Carroll, Raleigh; Fourth Vice-President, J. M. Parrott, M. D., Kinston; Secretary, George W. Pressly, M. D., Charlotte, and Treasurer, G. T. Sikes, M. D., Grissom.

After adjournment on Thursday morning, "the meeting" went in a body to an old-fashioned barbecue, served in a grove in the suburbs, after partaking of which we departed to the four winds, taking with us pleasant memories of the Durham meeting, and all resolved to attend the Wilmington meeting in 1902.

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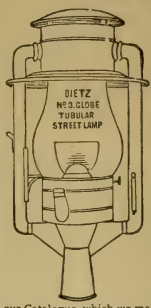

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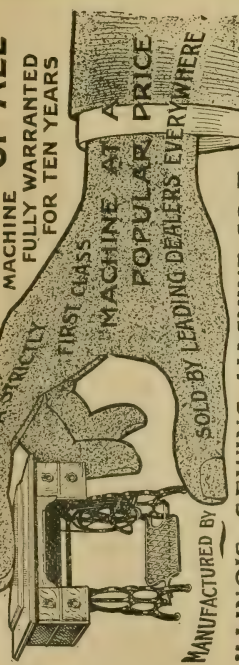

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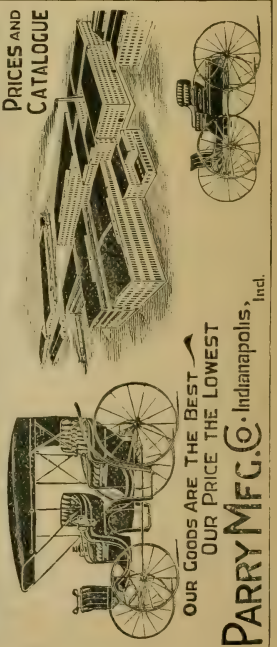

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EDITORIAL.

NEW PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION.

The election of Dr. John A. Wyeth, of New York, as president of the American Medical Association will be received by the members of that body throughout the country with general satisfaction. He is a man who has always commanded the respect of his professional brethren. Speaking of his election the Philadelphia Medical Journal pays him the following high tribute:

"He is himself to be congratulated, and the American Medical Association is to be congratulated still more. Dr. Wyeth, it is needless to say, represents the type of professional men from whom Presidents should be made. He has attained well deserved distinction, not only as a practical surgeon, but also as a teacher and an author. In the latter class, indeed, his textbook on surgery entitles him to stand in the first rank."

The same journal, however, thinks that it is time the lightning should strike some medical man, seeing that for several years in succession the Association has chosen a surgeon to preside over its deliberations.

PERITONEAL COMPLICATIONS IN TYPHOID FEVER,

And the Employment of Local Anesthesia in the Subsequent Laparotomies.

It is not so long ago that a proposition looking to the performance of an abdominal section for the relief of a typhoid perforation of the bowel would have been regarded as worse than useless. Ever since the publication of Keen's work on the Surgical Complications of Typhoid

Fever, the subject has undergone considerable investigation, and one by one various obstacles have been removed or minimized, and in direct proportion as the reasonable chances for saving these otherwise hopeless cases are increased, the general profession begins to look with some degree of confidence to this radical departure from previous teaching.

One great difficulty has been a reliable method of recognizing a perforation of the bowel prior to the onset of general peritoneal infection, when, of course, any plan of treatment would be equally hopeless. The symptoms formerly supposed to be indicative of intestinal perforation, violent abdominal pain, sudden onset, rigidity and collapse, have not the significance that once thought them to be essential accompaniments of perforation, since in not a few cases these symptoms are not present until septic infection has set in, and may therefore be regarded as an indication of that trouble rather than as a symptom of perforation per se. A great assistance in arriving at an early recognition of perforation, and in fact of a threatened perforation, is the presence of a marked increase in the number of leucocytes. There are, however, several precautions that must be observed in making a diagnosis upon this basis. Packard in an article in Progressive Medicine advises that previous counts should have been made in order to determine the normal leucocyte ratio of the individual case, and that great care be exercised to exclude the presence of secondary infections of other kinds, which also give rise to increase in the number of leucocytes. It is easy to see how serious error may be committed where these necessary precautions are not observed. In the presence of abdominal pain in typhoid cases it is recommended that a count be made hourly.

Another difficulty in the way of relieving these cases by surgical means is the great danger of a general anæsthetic. The system weakened by a long and trying illness does not bear with impunity the additional burden of chloroform or ether narcosis. This obstacle has been met with more or less success by the use of local anæsthesia with cocaine. Cushing has reported several cases of abdominal section under these circumstances, the anæsthesia being produced by Schleich's infiltration method, and in each instance "the operations were performed painlessly, and satisfactory evidence was obtained as to the cause of the symptoms presented or as to the absence of evidence of perforation." Dr. Packard reports a case of his own in which Dr. LeConte did an exploratory abdominal section by means of local anæsthesia, the operation being accomplished "painlessly, readily, and without any apparent bad effect on the patient, who was in such a desperately ill condition that all idea of general anæsthesia was out of the question." During the operation it is reported that the patient, a child, was entirely unconscious of any surgical interference, talking to the nurse, and presenting no evidence of shock, mental or physical.

Such performances evidence the great advances that have been made along this line, and while much yet remains to be learned, and while in such desperate conditions it cannot be expected that more than a small percentage can be relieved in time to prevent a fatal termination, still every case so saved is as a brand plucked from the burning, for without such relief the end is sure.

THE FAITH HEALERS.

The average fakir of this kind is of less interest personally, than the people who offer themselves the willing dupes of such patent impositions. The healers generally seek notoriety by loud accusations of persecution on the part of the medical profession, whereas physicians, as a rule, pay very little attention to them, knowing from the history of hundreds of similar frauds, that sooner or later the fad plays out, to be succeeded by something of the same sort under a different name. The press despatches state that Mr. Dowie, of Chicago, is working hard at the martyr business, claiming that he is the object of a blood-curdling plot gotten up by the physicians of that city. That he will find people who will swallow this story without a sugar-coating, goes without saying. Much greater absurdities have been taken in and apparently well digested, by the same crowd.

This reminds us that we have a somewhat similar case, on a small scale, in North Carolina. The man who is now figuring in a trial in Greensboro, the immediate cause of which is a charge of seduction of one of his so-called pupils, has worked the game for all it was worth in an otherwise intelligent and common sense community, and this brings us to the consideration of what we said was the most wonderful part of all these cases. It is no surprise to any man of experience that the world is full of frauds and humbugs, but he cannot but stand aghast at the number of otherwise sensible people who in this age of education and diffusion of knowledge are fooled by the bold assertion of things that are entirely at variance with all human experience and contradicted by every law of nature. It is a trite saying that every human appetite and desire in man finds somewhere in nature the means of its legitimate satisfaction. If this be so, the intense longing to be duped, to become a fanatic, in short, to be made a fool of, finds a satisfactory pabulum with more ease and in greater abundance than any other craving in human nature.

This peculiarity of mankind, which has always been, and will continue to be to the end of time, is perhaps of more interest to the psychologist than to the physician. No intelligent man denies the great part played by faith in human affairs, not only in matters theological but material as well, but the individual who asserts that the prayer of faith must receive an unqualified literal answer, is in the position of declaring that the prerogative of Omnipotence has been consigned to the keeping of the man with faith.

The Carolina Medical Journal.

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ORIGINAL COMMUNICATIONS.

EXHIBITION OF THREE CASES.

By H. A. ROYSTER, A. B., M. D., Raleigh, N. C. One of the visiting staff, Rex Hospital; surgeon-in-charge, St. Agnes Hospital.

1. Necrosis of the Iliac Bone, Rapid Recovery after Operation.

W. E. M., farmer, age 31. Family and previous history negative. About Nov. 2, 1900, a pain began in his hip, at a spot near the anterior superior spine of the ilium, extending downward to the knee and inner side of the thigh and accompanied by swelling and fever. This pain lasted continually and severely for over two months. On Dec. 1st it was somewhat relieved by a discharge of pus from a point at the outer side of the iliac spine. He has lost flesh considerably and had not walked or been on his feet for nearly three months and a half when first seen on Feb. 13th, 1901. *Examination* at that time revealed the following condition: Patient weak, thin and anemic; lies in bed with wasted leg drawn up and is comfortable only in certain positions; a suppurating sinus is seen about three inches to the outer side of the iliac crest, while another opening presents itself immediately over the anterior superior spine and from this a sinus runs forward along the groin; below in the inner surface of the thigh, five inches from Poupart's ligament, is an abscess in the process of pointing: the whole hip is stiff and very tender on pressure. *Operation*, Feb. 16, 1901, under ether anesthesia: First, an incision was made over the sinus in the groin, disclosing a superficial tract which was thoroughly scraped; then, the opening at the anterior superior spine was laid bare. This led to a suppurating cavity on the inner, or pelvic, side of the ilium and also to a sinus in the bone itself. Necrotic tissue was found here to the depth of two inches from the crest, at which point the gouge demonstrated a perforation directly through the bone into the cavity just mentioned. All the dead bone

was removed with chisel and curette. The abscess on the inner side of the thigh was opened and found to communicate with the opening above the spine. A gauze drain was passed through and through, a distance of 12 inches, and all the other wounds packed with iodoform gauze. The dressings were changed every day at first, then less often, and a ten per cent. emulsion of nosophen in glycerin poured freely in the sinuses before packing. Iron and strychnine in full doses were administered, a free diet allowed and massage employed. Recovery was rapid, the patient being out of bed in a month and beginning to walk on crutches. On April 15, just 2 months after the first operation, it was necessary to open a suppurating area in the skin over the gluteal region. The patient was discharged in a few days.

2. Fibroma of the Uterus Complicating Pregnancy; Total Hysterectomy at the third month; Recovery. [Photograph exhibited.]

A. S., colored, age 28, married 7 years; no children, no miscarriages. Her menses began at 13 years and were always regular, painful and free, but with no flooding spells. About a year ago first noticed that her abdomen was somewhat fuller and since then has been distinctly aware of a growing mass. She menstruated last during the first week of Jan. 1901, having missed about three months up to the time of her admission to St. Agnes' Hospital on April 17, 1901. She has had no nausea, but has some enlargement of her breasts. The symptoms complained of were a feeling of constant pressure in the abdomen and dyspnea, especially on exertion, increasing in the last month. *Examination:* A large, hard, nodular growth in the abdomen, extending up to the diaphragm; the upper portion seems to be movable independently of the lower, and is larger, being much beyond the size of a fetal head; below there is a mass which entirely fills the pelvis; cervix softer than is usual for a fibromatous uterus and the os is slightly patulous. *Diagnosis:* Fibroid complicating pregnancy. *Operation:* April 17, 1901. Pan-hysterectomy. Seven inch abdominal incision, tumor delivered easily, no adhesions. The vessels on the left side were tied first and the upper vagina cut through; then the right side was treated in the same way from below upward. The uterine arteries were secured separately and the peritoneal flaps brought together accurately, so that no raw surface was left in the pelvis. The woman made an uneventful recovery.

The tumor when removed was seen to consist of three distinct portions, a large mass in the upper part, the uterus proper in the middle and a smaller mass below. On opening the uterus a fetus of approximately three months' growth was discovered. The whole womb was riddled with interstitial fibroids. Weight of specimen, 12 pounds.

Cystic Tumor of the Spleen; Splenectomy; Recovery. [Specimen exhibited.]

E. L., colored, age 24; student,

single. Family history negative. Has been healthy herself with the exception of chills, due probably to malaria. Last summer she had them for a long period and they continued through the winter. Menses began at the age of 13; they have always been regular, but very free, lasting usually 8 days and sometimes accompanied with pain. Her appetite is not always good and she suffers from indigestion occasionally. She complains of no special pain. In Nov. 1900, she felt an enlargement in her abdomen about the size of a hen's egg; it gradually increased in size until the present time when it seems to be as large as the fist. *Examination:* Patient not stout, but well nourished and healthy looking; there is in the abdomen just above the symphysis a central, globular enlargement, smooth in outline, the size of a large orange, with a linear mass extending upward to the left in the splenic region; on bimanual palpation the growth appeared to move with the uterus and at least seemed adherent to that organ; the cervix was rather soft than otherwise. The diagnosis was considered obscure, opinion inclining to fibroma of the uterus, with the possibility of its being an ovarian cyst. *Operation:* May 18, 1901, at St. Agnes' Hospital: A three inch abdominal incision was first made over the most prominent part of the tumor. Seeing that it was cystic, the fingers were swept around the broad ligaments, but no pedicle was found in that region. Pushing the mass upward it disappeared entirely from view and was felt through the abdominal walls in the left hypochondrium. The incision was prolonged until it reached above the umbilicus, when it was discovered that the the growth was a cyst of the spleen. After separating the adherent omentum (in which were found two smaller cysts), the vessels were tied with a doubled silk ligature and the whole spleen removed. Not a drop of blood was lost in this manoeuver. The right ovary, which contained two or three small cysts, was also removed. The abdomen was closed without irrigation or drainage. The patient has had, so far, a perfectly normal convalesence.

THE IMPORTANCE OF EARLY DIAGNOSIS AND TREATMENT OF TUBERCULOSIS.†

By J. P. Munroe, M. D., Davidson, N. C.

It is realized that in presenting a few thoughts on this subject a well beaten path must be trodden, and statements made that to many will appear common place and too self-evident to be reiterated.

To the specialist, any statement bearing on the importance of early diagnosis and treatment of tuberculosis is axiomatic and he is keenly alive to the value of early diagnosis and the possibilities from prompt treatment.

Unfortunately, however, among general practitioners there is a sort of apathy born of despair that looks with utter hopelessness upon everything labeled tuberculosis; the result being that the physician

†Read before the North Carolina Medical Society, at Durham, N. C.

closes his eyes as long as possible until finally the dreaded truth is forced upon him, and he either resorts to palliative measures or shifts the responsibility by advising a change of climate and probably a visit to a specialist.

Being one of this general class of practitioners and knowing from experience as well as from observation the seriousness of delays that often occur, I desire to call attention, briefly, to some fundamental truths bearing upon this subject in the hope of arousing a more active interest in behalf of this large number of unfortunate patients.

When we consult the mortuary tables and note the large proportion of deaths resulting from this disease; or when we look abroad over our own State and see its widespread ravages; or if we confine our vision to the narrow limits of each individual physician's practice, and observe the high ratio which it bears to other fatal maladies, certainly no discussion should seem common place, and no consideration unworthy that looks toward the better care and treatment of this class of patients.

It may be observed, and the most astute specialist will admit, that an early diagnosis is not always easy.

It is not uncommon for galloping consumption to be diagnosed as pneumonia or typhoid fever, and after several weeks the case passes on to one of chronic phthisis or to an early death. In these cases the early diagnosis is probably of less importance to the patient than to his friends and nurses and, I might add, to the reputation of the physician.

Without enumerating any large number I may mention a very striking case of this kind that came under my observation recently.

In our out-door clinics, I examined, with some students, a colored man about 35 years of age who had been sick three or four weeks.

The history as given by his friends was very meagre and unsatisfactory. One statement being that his sickness was supposed to originate from a blow upon the head.

Another view which had more adherents among those who had been with him was that he had swallowed a large quantity of cotton seed meal in the oil mill where he had been at work, as was evidenced by the character of matter that had been vomited. I found him comatose, with a temperature of 105; abdomen tympanitic and other indications of the last stages of typhoid fever. So far as could be ascertained his previous health had been perfect, and there was no history of a cough or lung involvement in the present sickness, and I may candidly confess that I did not examine his lungs. I told my class that while the diagnosis was not clear the indications pointed to septic peritonitis due to typhoid perforation, and as the end was not far off we might have an opportunity of verifying the diagnosis later. The opportunity came and I opened the abdomen, confidently expecting to demonstrate a typhoid perforation. To my surprise, however, I found only a peritonitis lim-

ited to the subdiaphragmatic region, no perforation and no ulceration. The existence of this small amount of peritonitis was a very small grain of comfort to one who expected to demonstrate so much. I immediately began to think about the theory of a blow upon the head, but, as a matter of routine, next opened the thoracic cavity, and to my surprise found both lungs masses of tuberculous tissue in a complete state of disintegration.

Chronic tuberculosis often exists in old people without any very evident symptoms and these cases too are sometimes detected only after death.

A striking case of this kind came under my notice not a great while since.

A man who was regarded as robust and healthy, and who was following his daily avocation as a farm laborer, died suddenly without a day's sickness. Diagnosis—heart disease. On taking out the heart and examining it I found it enlarged, degenerated in spots, and a slight atheromatous condition of aorta. No valvular lesion, but there were in the heart and large veins antemortem clots, which with the dilatation and hypertrophy indicated serious obstruction somewhere. It was not far to seek, for both lungs were found in an advanced stage of fibroid tuberculosis.

Another class of cases in which the symptoms are obscure and diagnosis often difficult, is in children, and certainly no one could magnify the importance of giving them prompt attention. Such diagnostic features as the presence of a cough, with expectoration, and tubercle bacilli, with night sweats and the ordinary physical signs may be entirely wanting. The only symptoms of disorder may be irritability, loss of weight, and apparent paroxysms of malarial fever. So difficult are these cases that an eminent authority advises that they "should be observed for several weeks and sometimes months before giving a positive opinion, relative to the diagnosis or prognosis."

Another safe rule might be added, that in all such suspicious cases, the most careful attention should be given to the general condition and the surroundings of the patient, and hygiene measures, at least, ordered with a view to the most serious diagnosis.

Making all proper allowance for cases in which it is difficult or impossible to make a diagnosis as early as is desirable, there still remains a large number of cases in which the diagnosis ought to be made and could be made but is not until irreparable damage is done.

The fault often lies with the patient or his family rather than the physician. A "protracted cold," troublesome though it may be, is thought to be too slight a matter to justify a doctor's bill, so laxative quinine tablets, anti-cold, and other simple remedies, are used. Or probably a cold in the chest and its attendant cough becomes so annoying that the opinion of the druggist is invoked and he very generally donates a sample bottle of Dr. ——'s new discovery for consumption. The name is attrac-

tive even if suggestive, and the immediate effect is so soothing that the druggist has no difficulty in selling a half dozen fifty cent bottles. Later, upon the advice doubtless of some friend, he decides that he will have to take cod liver oil. By this time he is getting somewhat uneasy, but only after he has tried several varieties of emulsions and tasteless preparations does he do what he should have done in the beginning, consult his physician, now too late to receive any benefit.

Another kind of patient easier to reach, but more difficult to hold, is one who consults the doctor on the least sign of disorder, but the barest suggestion of tuberculosis so frightens him that his first and chief impelling thought is to run somewhere, anywhere, to get rid of the disease and the doctor who even suggests it. These patients, while they often decline our treatment, always excite our deepest sympathy. If a female she is apt to attribute all her troubles to a disordered menstrual function and refuses to accept the view that this is the result rather than the cause of the trouble.

If a male he is apt to attribute all his troubles to overwork and broken down nervous system. I saw an intertsting case of this kind recently which excited my deepest sympathy. A very intelligent gentleman consulted me for a chill which he had had and which he supposed was malarial. I questioned him particularly as to his general condition and found no satisfactory explanation of his chill. He had no cough, no pain in the side, but finally he did somewhat reluctantly admit that he had had a hemorrhage seven years previously. Making a note of this I prescribed something for temporary relief and advised him to see me again. A few days afterwards he had another chill and this time I made rather a more thorough examination and found in one lung physical signs of some kind of disorder. I told him the status of affairs and stated as there was no cough and no sputum for a microscopical examination I would like to use the tuberculin test by injection so as to ascertain if possible the exact nature of his trouble, telling him plainly that I feared the presence of tuberculosis. Instead of agreeing readily to my suggestion he immediately said he thought he would go home, so overwhelmed was he at the thought of tuberculosis that he was unwilling to be enlightened or even to allow his physician to know definitely his condition. I explained to him that in his present condition, for his general health was excellent, even if tuberculosis was present, the probabilities were that it could be cured if treated promptly and intelligently. While not objecting to his going him I urged him if he did so to place himself under the care of a competent physician and secure prompt and regular treatment. He finally agreed that my advise was wise and left my office promising to return next morning. Instead of this, however, the next day he sent me word that he was sure he had tuberculosis and did

not want to be any more certain of it, but thought probably his chief trouble was a nervous break-down due to a sedentary life and overwork. Consequently he would go home and would like for me to send him a prescription for tuberculosis that he could use continuously. I have not heard from this patient since, but I greatly fear that he will allow his case to go untreated until he is beyond relief.

It is sometimes difficult to determine whether it is honest error and disbelief in the opinion of the attending physician or a wholesome dread of this terrible disease that causes patients to run from one place and one physician to another, refusing to place themselves regularly under treatment. Certainly it is our duty as physicians to deal with them kindly, yet firmly, and endeavor as far as possible to impress upon them and their friends the danger of such a vacillating course.

In cases where the fault may properly be placed upon the physician, the influences bearing upon him are somewhat of the same nature and in a certain sense it is sympathy and kindness carried too far. It is often the case that the physician examines and treats indefinitely a bronchitis which he feels uneasy about but dreads to probe thoroughly. He tells the patient that he has bronchitis, which is true; he hopes there is nothing more, and matters go on from bad to worse, both patient and physician blinded to the true nature of the case, but the physician in these instances is responsible for the delay. Probably every one of us has seen cases of advanced tuberculosis which have been treated for months or even years and told that they have a stubborn case of bronchitis. Besides the natural dread and the proper sympathy which the physician has for the feelings of the patient, his apparent negligence and delay in making a positive diagnosis is sometimes due to the fact that he feels like it really makes no difference about making a positive diagnosis, because if it is tuberculosis that means certain and inevitable decline of health and death. He knows that there is no specific for this disease and consequently feels that it is possibly a kindness to the patient to let him enjoy life while he may. This assumption, however, is entirely wrong when viewed in the light of modern treatment.

No one will claim that there is any hope for advanced cases of tuberculosis but that there are a large number of cases cured or arrested when treated early, no longer admits of doubt. Without giving lengthy statistics in support of this assertion, I need only refer to the tabular statement of the various sanitaria which make a speciality of this disease, or the able specialists who are members of this Society. My own experience, which is rather a limited one, bears me out in the assertion that treatment is not only valuable but often effective in arresting the disease. Realizing then the importance of an early diagnosis and treatment the question at once arises how can

a diagnosis be made in these early stages and what measures should be adopted when made. It is not the purpose of this paper to enter in a full discussion of either one of these questions, but importance of the subject justifies a brief reference to one or two points in each.

Where there is expectoration every one realizes the importance of the microscope for diagnostic purposes and if the bacillus tuberculosis is found of course there can be no further question as to the nature of the disease. Negative results by this method, however, should never in any suspicious case be accepted as conclusive. Probably the other measures to be most relied upon is the injection of tuberculin. I have found this invariably in my practice to give a reaction in case of tuberculosis. Statistics given by authorities state that it will do so in a large percentage of cases. Another method, that is valuable, however, only in the hands of an expert is the use of the X-ray. I deem it unnecessary to go into details as to the use of these various methods, but desire simply to call attention to their value and importance.

Of the clinical features that should arouse our suspicion, I attach more importance to the temperature than any other one symptom. An afternoon rise, either with or without a cough, progressive debility and loss of weight should always arrest our attention and suggest the necessity for accurate methods of diagnosis. Add to these the rapid heart and increased respiration, the hollow chest and family history, and the picture is completed whether physical signs are evident or not.

As to the treatment, the important thing to remember is that individualization of the patient is the key-note of success. The time has passed, if it ever existed, when a man should undertake to write a prescription for tuberculosis applicable to cases in general. Herein lies the value of constant and careful supervision of cases. No one is more sensible of this than the conscientious specialist, even although he may have some one medicine or line of treatment upon which he places his chief reliance. The individualization of patients and treating each one upon its own merits applies not simply to medicinal measures but to diet, exercise, bathing and climate as well. We too often hear the family physician simply give the advice "go to the mountains." Instead of this if he himself has not given the subject sufficient attention to feel justified in giving specific advice and treatment, he should say perhaps a change of climate will be beneficial, but even in this matter you must be guided by the advice of someone who has made this a study, and wherever you go do not trust simply to the climate alone but place yourself under the care of an intelligent physician. It is said, however, that 95 per cent. of the cases of tuberculosis must be treated at home on account of the financial inability of the patient to go elsewhere. For this large class of suffering humanity I appeal to the family physician to exercise

more patience, more thoroughness, and more care in the investigation and treatment of these cases.

DISCUSSION.

Dr. H. B. Weaver.—There are two reasons why the early recognition of this disease is of importance.

1. It is the most prevalent of all diseases and devastates the world more than all other contagious diseases together. I believe J. P. Whitaker says two-thirds of mankind is affected with tuberculosis, and that one-third die of the disease, hence 59 per cent. make spontaneous recoveries.

2. The next reason is that it is the most curable disease in its incipience. It was Trudo I believe last week who said in a review work statistics showed 75 per cent. of cases were curable in the incipient stages and after the advanced stages were reached the mortality was very high. There are a few unmistakable symptoms by which an early diagnosis can be made in my experience, in what some call the pretubercle stage, before there is any dullness or depression, any rales, not much cough, or any general manifest symptoms which we recognize as the second stage of the disease. The first symptom that calls our attention is the diathesis of the patient—shallow chest, want of expansion, long arms, long neck, peculiarity of the teeth, or something of that kind. Probably inheritance is shown somewhat in the fact—you may have loss of flesh, slight cough. Then comes the rise of temperature, .5 to 1 degree, with the accompanying anemic condition and moderate loss of flesh. There is prolonged expiration, a harsh inspiration. There is a cogwheel action somewhere in one portion of the lungs. As the disease advances there will be dullness on percussion, crepitant rales. If you are not then satisfied use the tuberculin test; one c.c of tuberculin will give an unmistakable sign.

Dr. Payne.—I am very much interested in the paper because I believe phthisis to be almost incurable unless diagnosed in its incipient stage. When a patient is so afflicted with tuberculosis that you have the signs just given increased fremitus and cogwheel murmers I feel that the best chance is gone. We can not afford to be deluded with the idea that 50 per cent. of those who have tuberculosis of the lungs can be cured, therefore we are driven to believe that the most that can be done in the care of tuberculosis is in its prevention. The anemic-pretubercular stage is the one in which most can be accomplished. Take a patient with enlarged and suppurating tubercular glands in the neck, and if we do not deal with the gland promptly we will almost surely get phthisis, and the same to a lesser extent is true with tuberculosis of the bone. In these preventive measures it seems to me that we have the best hope for the safety of our patients. Some can be cured after the incipient stage, because autopsies prove this, but these are rather curiosities than the thing to be expected.

Dr. High.—I think this paper merits full discussion. In an experience extending over several years in which I have given more attention to it than anything else, I am justified in confirming the opinion of those gentlemen who have spoken with regard to the results which follow an early diagnosis and proper treatment. There are symptoms that lead one to suspect tuberculosis—one at least that has not been mentioned, and that is indigestion. The loss of appetite is quite common, but indigestion is a symptom which antedates the loss of appetite. I have observed in quite a large number of cases that the first symptom of impaired health has been indigestion, and in women this impaired indigestion has been more noticeable at the menstrual period, and I have on record a number of cases that bear this out. With regard to the class of cases that should lead us to suspect pulmonary involvement, I would say in a general way those cases that present to us a group of symptoms, suppose that they are run down. Those persons are the ones that we feel we must give a tonic, without any well defined reason for doing so. We give them rest.

A patient that at first suggests the propriety of a tonic had best be examined before you prescribe anything, and a patient whose digestion is not improved by a prescription or two, had better have their lungs looked to for the trouble. It is a disease in which you get circumscribed areas of disturbed breathing signs; prolonged expiration over the area which was suffering or in which the tubercle has already erupted, but there would not be prolonged expiration on the corresponding point on the other side. The slightest change may be detected by comparing the two sides. There are some slight variations in the normal lungs which it will be necessary to take into account. You may make yourself sure by an injection of tuberculin. I have yet to see the first ill results from it. I have usually given not more than .7 c. c of purified tuberculin, and in every case of suspected tuberculosis I have had a reaction which lasted in no case more than 36 hours. It is satisfying, mild and sure. There may have been unpleasant results in the experience of other men, but they probably came from excessive doses. I know that some practitioners give more than .7 c. c. I have never given as an initial dose more than .2 c. c, and increase the dose by adding .2 c. c until I reach .7 c. c if necessary. I believe if you will get some tuberculin and try these cases you will be surprised at the result.

Dr. J. Allison Hodges.—I think this is the most practical question that has come before this body during this session. I know of nothing that has given me more concern as a practitioner of medicine than my inability to diagnose tuberculosis in its incipience. I did think it was my inefficiency that made it so difficult for me. In later days I have come to the conclusion that it is one of the finest works of diagnosis to be correct

and positive in its primary stage. The outward signs are the sign-board by which you arrive at some conclusions. I have noticed time and time again in life insurance work that after examining the chest with every possible means of diagnosis I had in hand, I was uncertain and the only way I could arrive at a conclusion was to put the signs evidenced in that individual in correlation with the symptoms. I do not believe the average man with one examination can possibly arrive at a positive diagnosis in its early stage, and if I had to pick out any one symptom I would say that the thermometer was the standard test and you could not possibly arrive at a conclusion without repeated tests. I believe outside all these signs tuberculin is one of the best aids though not positive, in arriving at a diagnosis. I am not so optimistic as some of these gentlemen, I do not take such a roseate view as some of them. I am willing to give their opinion great weight because some of these gentlemen have had great experience, but I shall agree with Dr. Payne and say that in my practice I have never had anything like 50 per cent. arrested—not 25 per cent., and I have had some patients who have had all the means and appliances and have crossed this continent time and time again and been under the treatment of dozens of the most eminent men, and came back to my hands. I believe if the State Board of Health wishes to do great good this is the field they should labor in. The sound of a case of smallpox would stir us all, yet what is smallpox compared with tuberculosis! I believe the State Board of Health can educate the people of the cities to the fact that they can prevent this disease. There is a line of treatment that I believe we should put into operation when we discover this disease. This is the open air treatment. No doubt some of you have visited that sanitarium in the Black Hills, of Germany, and seen the cures from the outdoor life and the high feeding, and the exposure of those individuals to the weather, calm or storm, and you must have been impressed with the good results. I have sent patients to almost every sanitarium in this country and I have found no better results than was obtained where those patients lived in high, dry atmospheres, might obtain at home. I believe that the future sanitaria for consumptives will be great forests and individual homes will be built, and the treatment will be carried out along that line, but when patients are not able to take advantage of these institutions, we should impress upon them the advantage of the outdoor life treatment, living absolutely summer and winter, day and night, out of doors, because I believe every one of us can carry that out in a measure. I had a patient two or three days ago who told me he sat last winter hour after hour on a hotel veranda in the Adirondacks with his cover wrapped about him, the snow falling around him, and that man was certainly improved, if not cured.

*** Every progressive physician of the South should subscribe for this JOURNAL.

THE CONSERVATIVE TREATMENT OF DISEASES OF THE UTERUS.

By John Thames, M. D., Greensboro, N. C.

It would be very difficult to define the difference between the conservative and radical treatment of diseases of the uterus; under some circumstances this organ may be so peculiarly diseased, that the most conservative treatment would be the most radical.

Within the last decade the cry for conservatism has been so great throughout this country that considerable harm has been done to the uterus and other pelvic organs by incomplete conservative operations that had to be completed later on by the most radical.

The general practitioner is called upon to treat many casese, even of an aggravated form, that can be treated on "general principles," where to palliate and assist nature is the most conservative course to pursue. On the other hand, a simple catarrhal inflammation may prove fatal if treated in the same way.

A thorough knowledge of the etiology of diseases will materially aid the physician in determining the plan of treatment that would be the most conservative. For example, two patients come to your office, the symptoms of each alike, both give a history of having had metorrhagia and menorrhagia; and other symptoms that follow subinvolution from any cause. Upon examination, in the one we find an enlarged and inflamed uterus, probably some fungus growth, a dilated os without any lacerations: a condition brought about from frequent pregnancies and an over amount of household cares and worry. The other has a lacerated cervix with ulcerations—will bleed on touch, a condition caused from instrumental delivery or improper management during labor; or may be from criminal abuse. The first can be successfully treated by a change of location, complete rest and suitable drugs. This plan under ordinary circumstances, would be the most conservative; while in the other, to palliate would only aggravate.

Accumulated experiences have shown that any laceration of the cervix is one of the most common pre-disposing causes for malignant degeneration, and cases of this kind, when left to nature, even under the most favorable conditions, will generally terminate in cancer of the uterus and its appendages. When this is once established, death is inevitable. All cases of this nature, and from said cause, in my opinion, should be submitted to the most radical treatment, early, before the disease involves the surrounding tissues. To do a radical operation to prolong life would be the most conservative.

I am proud to be able to state that at present, by the modern methods of operating, supra-vaginal and pan-hysterectomy has so far reduced the motality following removal of fibroid tumors until the practitioner, if he is endowed with an average amount of skill, under favorable circumstances and clean environment can with safety relieve his patient from the burden of her

tumor—at the same time she rejoices in the possession of her essential female organs.

Because of the splendid results obtained from surgical operations within the abdominal cavity by experienced and skilled operators, the former fears and dread have almost entirely disappeared from the minds of the laity, and the surgeon is confronted by the question, not as to whether they will get well, but a more serious question, possibly, whether or not they will be "unsexed" as they call it, by the operation.

Of course, what a patient wants is health, and will undergo almost anything advised by her physician and consulting surgeon to obtain it. This has been deeply impressed upon me in two instances recently. The women had been long sufferers and begged of me that if I thought it would restore health and relieve them of their pain, to remove all. They were willing to sacrifice their organs of sex for the sake of health. Yet the thought of a complete removal of both ovaries, tubes and uterus carried with it an indescribable feeling of abhorrence that they would be so very different from other women.

It is gratifying to me to know that the accumulating experience and improvements in abdominal surgery has made it possible to save many important sexual organs of the human being that were formerly sacrificed, even by such noted surgeons as Lawson, Tait, Hegar and Battey, to arrest the growth and hemorrhage of fibroid tumors of the uterus, and for the relief of inflamed and suppurating disease of the uterine appendages.

In this special field sacrificial surgery is fast giving way to more conservative methods of saving all the organs possible. In abdominal surgery, as in any other, it requires more skill to save a mutilated or diseased member than it does to cut it of or cut it out.

Drs. Kelly, Dudly, Mann and others who are adopting the plan of saving, show by the rscords when the uterus, tubes or ovaries were affected by tumor, the disease part was dissected out and the healthy portion stitched together with full recovery, thereby preventing the woman from being entirely relieved of all her sexual organs and causing a premature menopause with all its trouble.

At present the cruel, inhuman craniotomy is being displaced by the more scientific, conservative, improved Cæsarian section. The improved, conservative and successful Cæsarian section has not only replaced the radical inhuman sacrificial craniotomy, but has lessened to a great extent the causes of lacerated cervix, that are usually followed with grave complications and calling for a secondary operation.

After all, the real conservative treatment of diseases of the reproductive organs of the female, is the preventive treatment. The young girls should be trained in hygiene, and that the highest duty they owe to humanity is a proper care and development of their physical, as well as their mental bodies, through

a strict obedience to the laws of nature, thereby best fitting them for the highest office of wifehood and motherhood.

The divine purpose of woman has ever been recognized, but it is evident from the amount of invalidism, nervous exhaustion and number of operations performed among the women of to-day, that she has neglected the most precious gifts which nature has endowed her; she has failed to appreciate those qualities and powers which are hers, and would make her most valuable to humanity.

THE PROBLEM OF TYPHOID FEVER IN THE RURAL DISTRICTS OF NORTH CAROLINA.*

By Dr. H. W. Lewis, Jackson, N. C.

I have no apology to offer for bringing the subject matter of this paper before you. I have entitled it a problem, not because I can hope to solve it, for it will never be solved by the efforts of one man. It will never be solved by medical legislation, or the giving of pills and potions nor the curing of individuals. It can only be solved by a long campaign of sanitary education among the people, the great unwashed of North Carolina. "In order that men may appreciate their rights (said the great jurist, Blackstone) they must know them;" in order that men may live healthfully they must know how. Whose duty is it to teach them this? Whose, if not the duty of the men who sit in the places of those who, in that elder day, protected this people from incompetency in their medical advisers by the establishment of the State Board of Examiners. Much of what I will say in this brief resume is matter of common knowledge to you all; to make pretense here of advancing anything new or original on this much written about and discussed subject, would be practicing a fraud. To take advantage of this occasion to lecture or criticize my brother physician would be in me nothing more than presumption. I shall attempt to discuss the subject of typhoid fever only in its relation to State medicine.

The crowning glory of the last century was the development of preventive medicine. The labors of Pasteur, Koch, Klebs, Laverans and a host of others, both in Europe and America, were not in vain. Sanitary science is now doing its work, and it is good. The way for the practical sanitarian is being blazed, and that so plainly that he who runneth may see.

Object lessons of the efficacy of modern preventive medicine are not wanting, and some are very striking. I need not mention them. Suffice it to say that in the present light of our knowledge, the question, can typhoid fever be prevented? must be answered unhesitating in the affirmative. The means whereby this can be done is ancient history, and comes down to us from Moses, ante-dating the Christian era by more than fourteen hundred years.

Our modern method of accomplishment must differ, of course, from that of the Mosaic era, but the

* Read before the North Carolina Medical Society at Durham, N. C.

precept is the same. The observance of personal and domestic hygiene, the cleansing of the soil on which we reside, and the purification of our drinking water. This was the law unto the whole Jewish people—not alone to the dwellers in cities.

It would now be regarded simply as a statute of perfection and could not be enforced. Today a sanitary cordon watches argus eyed over our borders and seaports to keep out cholera, yellow fever and the plague. The large cities are spending thousands to complete their sanitary arrangements for preventing disease. In the meantime our rural districts are without any adequate protection, and that unwelcome guest, typhoid fever, is a not unfrequent visitor in nearly every country home.

"The essential factor in the widespread prevalence of typhoid fever in the country districts of the United States (says Osler) (1) is due to the absence of anything like efficient rural sanitation." Yet God made the country and man the town. Still we are confronted in this enlightened age with the strange fact that the most healthful residence is not in the country, but in the town, where man is using modern sanitary measures to protect himself from infectious disease. Is there any evidence of this? Glance at an investigation recently made in Canada, (2) where out of a thousand wells examined in the country districts only two hundred and fifty were found unpolluted. Has typhoid fever been prevalent in the rural districts of North Carolina? Unfortunately there is no data from which to form a correct estimate, as the country doctor will not report to the health officer.

Personally, I believe it has been more prevalent in the Seaboard and Piedmont sections in proportion to population than in any of the larger cities, Philadelphia not excepted. Verily we have been calling the disease by a variety of names, such as typho-malarial, continued fever, and continued malarial fever. Some have contended that there is a third form of fever peculiar to the middle and eastern part of the State. Many of us remember the paper by Dr. Hays, (3) chairman of the section on practice, in 1899; also Dr. Parrot's (4) paper for the annual debate at Tarboro last May. It is rather more than a coincidence that both of these gentlemen selected for your consideration the same subject, "The Continued Fevers of North Carolina," and that they both combated the idea of this third form. These papers furnished evidence not alone of the frequency of typhoid among us, but also of the firm hold this idea of a third form of fever had taken upon the minds of some of our physicians. Calling the disease, Weller like, by any name except the true one. This fetish of a third form of fever and the non-reporting of cases to the health officer has not only made it impossible to form an estimate of

1 Article in New York Sun, Jan. 27th, 1901.

2 Basemore, Sanitarian, Aug., 1900.

3 Trans. N. C. State Society, 1899.

4 " " " " 1900.

the number of typhoid cases we have had, but it has also been most favorable to the spread of the disease. Does any one doubt that under this pernicious practice (no diagnosis made, no sanitary precautions taken), that we have had a very large number of cases among our rural population? Must not a vast number of nidi result from this practice, which will prove a fruitful source of infection in the future? I admit that there are oft-times diagnostic difficulties, especially to the country doctor in malarious sections, in determining the nature of fever. I know that many typical and very mild cases are seen. It is these mild cases, particularly the ambulant ones, that are the most dangerous. Thorne, (5) of Caterham, Eng., traced the origin of over 300 cases to one individual, who was not sick in bed, but a genuine walking case of typhoid fever. Sternberg (6) says: "Typhoid fever among our troops in camp during the Spanish-American war was due to the very general failure on the part of any surgeons to recognize the disease in its milder forms and early stages." "Army surgeons correctly diagnosed," says Reed, (7) and others in their recent reports, "about one-half the cases of typhoid fever occurring in our army during the Spanish-American war, but in recognizing only one-half they probably did better than the average physician throughout the country does in his private practice." In this connection it is well to remember the advice of Osler, (8) "learn to suspect typhoid, and not malaria, particularly if it resists quinine. Instead of the Anglo-Saxon method of procedure, which is to assume innocence until proven guilty, adopt the Gallic usage and consider every doubtful case as guilty, that is as typhoid fever, until the contrary be clearly demonstrated." This advice is most valuable and should be followed. I know how loath we are to assume the presence of anything so serious as typhoid fever. I know how reluctant we are to alarm the friends and family. It is our duty, however, in the doubtful case to do this very thing, and to institute sanitary precautions at once. Should it prove not to be typhoid, no harm will have been done, and the family will have received a much needed lesson in practical sanitation. Returning to the prevalence of the disease in our rural districts, allow me to repeat that while no data exist, on which to base an exact estimate, still its frequency in the past must be admitted. This is indicated both by such published evidence as we have, and the experience of nearly every practitioner in our Seaboard and Piedmont sections. The cause of said frequency has been due primarily to the neglect of excreta disinfection, consequent upon faulty or late diagnosis; secondarily, open well

5 Plunket, Sanitarian, July, 1900.

6 Sanitary Lessons of the War, Am. Med. Association, June, 1899.

7 Reed, Vaughn and Shakespeare report to Surgeon U. S. 1901.

8 Address before New York State Society, 1899.

infection and the common house fly.

Of late our knowledge of the infectivity of the excreta in typhoid fever has been enlarged by finding in a large proportion of cases the bacillus typhosus in the urine. Thus M. W. Richardson, (9) in examining the urine of 66 patients in the early stages of convalescence from enteric fever, found the bacillus in 14. He had previously found it in the urine of 9 out of 38 examined in the acute stages of the disease. At present it is estimated that in about 25 per cent. of cases the bacillus is present in the urine. The evidence on this point is conclusive that the urine may remain infected for an indefinite length of time. The patient may be discharged as cured and go about his usual avocations, yet his bladder remains a perfect arsenal of typhoid bacilli.

Richardson (9) mentions an extreme case illustrating this. A man was admitted to the John Hopkins Hospital who 5 years before had an attack of typhoid fever, since when he had suffered with cystitis. From the urine of this patient a pure culture of the typhosus was obtained. This discovery of the infectiveness of the urine in the disease adds greatly to the possibility of its spread, and suggests, of course, careful examination and disinfection of this excretion before the patient is discharged.

It has been found that urotropin given three times daily in ten grain doses will so disinfect the urine that bacillus of Eberth will be destroyed.

Of the various media whereby the bacillus may be conveyed to man, water as of old holds the first place, but the ubiquitous house fly is now known to be a close second. I shall only notice these two, as they are those which operate mostly for the spread of the disease in the rural districts.

The common house fly (musca domesticata), first came prominently into evidence as a carrier of typhoid bacilli during the Spanish-American war. They were then shown to be very active agents in infecting food and drink where they first had access to undisinfected excreta. They can carry the bacillus in two ways; the fecal matter may adhere to the fly and be mechanically transported, or the fly having fed on typhoid excreta may carry the bacillus in his digestive organs and deposit it with his excrement, the so-called fly specs. We can now see they must have been from time immorial much concerned in the spread of this disease where the privies were open, and both disinfection and removal of excreta neglected. Thus Dr. Boobyer (10) has shown that in Nottingham, Eng., enteric fever is more frequent among those having open privies or water closets.

An investigation made in Canada has already been mentioned, where out of a thousand wells examined in the farming districts only 25 per

9 Journal Experimental Medicine, Vol. 4, No. 1, 1899.

10 Sanitarian. March, 1900.

cent. were found to contain pure water. We have no means of knowing the relative number of wells which have been infected in this State, as examinations of suspected drinking water (except in rare instances) has been neglected.

When we consider, however, the continuous habitation of our rustic population in one place and their general disregard of filth accumulation; when we reflect upon the number of country houses in which there have been cases of typhoid, or possibly that third form of fever, with the undisinfected dejecta thrown out upon or buried in the soil, we must conclude that the number of infected wells in North Carolina has been very large.

Typhoid infection of wells in the country districts generally occur in one of three ways:

1. The excreta being thrown upon the surface above the drainage side of the well may be washed by rains directly into the well.

2. The undisinfected linen and bed clothing of the patient may be washed (as is frequently done in the country), in such close proximity to the well that some of the water from the tub will find its way directly into it.

3. The soil in the vicinity being infected by the excreta, the bacillus typhosus by some inherent power of its own may penetrate through and thus reach the well. The power of this bacillus to penetrate soil is at present an unknown quantity. There is good reason, however, to believe that it has this faculty, other organisms having been shown to possess it in a high degree. Thus in an experiment conducted at Strausburg, Germany, (11) in 1899, by digging two pits in the forest twenty-four feet apart, and placing in one the micrococcus prodigiosus and fluoresent vibrio, it was found that in one hour the micrococci, and in two hours the vibrios had passed through the twenty-four feet of gravelly soil into the opposite pit. Experiments made in Turin, Italy, (12) in 1896, with reference to the filtering power of soil, furnished the same results as the one last mentioned. If we consider the longevity of the bacillus typhosus in polluted soil, and grant that it has the power of soil penetration, it then becomes very difficult to see how country wells escape infection when typhoid excreta is placed in their vicinity.

Experiments by Martin, of London, Eng., (13) bearing upon the life history of the bacillus in soil are of interest. This observer found that while virgin soil was hostile to the bacillus, organically polluted soil was extremely favorable to its growth. In one particular experiment he found that it maintained its existence in polluted earth 465 days, and near the end of that time, although dried and powdered to dust, was still viable and presumably virulent. From this we see it is probable that the soil (polluted as it is) in many villages and around country houses

11 Zeitschrift fur Hygiene, Vol. xxxi, 1899.

12 Zeitschrift fur Hygiene, Vol. xxxi, 1899.

13 Local Gov. Reports, London, Eng., 1898.

must be veritable hot-beds of typhoid bacilli. Its longevity in water has been shown to be very great. Wescott (14) states he was able to trace 19 cases to a certain well, which was then closed and the epidemic ceased. After remaining closed for twenty months it was re-opened to obtain water for laundry purposes, and another case occurred. Reed, Vaughn, and Shakespeare (15) (in report already referred to) state that the bacillus is not only capable of retaining its vitality and virulence for months after it is discharged from the body, but will also multiply in both soil and water; futhermore they say it has been found three months after death in the bodies of those who have died of the disease. This last statement has a very important bearing when it is remembered that there is a well or spring near every country church, and it is the custom in many sections to bury the dead in the church yard. From such evidence as has been mentioned it is natural to suppose our country wells have been a prolific source of enteric fever in the past, and being specially liable to infection by typhoid bacilli, they must be regarded as a constant menace to health in the future. In the rural districts from the moment typhoid fever is diagnosed or suspected, the customary drinking water of the family should be placed under suspicion.

14 Reed, Vaughn and Shakespeare, Report to Surgeon-General, U. S., 1901.

15 Reed, Vaughn and Shakespeare, Report, 1901.

Pending an examination (which can now be made free of charge by applying to the secretary of the State Board of Health) water intended for drinking should be boiled. Should the bacteriological analysis show that the water is infected the well should be filled up and another driven or sunk at a safe distance from and above the drain side of the one destroyed. It is only fair to state before we leave the subject of water, that the old open well is being rapidly replaeed in some sections by the pipe or driven well. These when properly sunk must be much less liable to infection.

No review of this subject would be of any practical use which did not lay some stress on excreta disinfection. This is especially necessary at present, as the urine in the disease, like the water of Falstaff, has been shown to contain more things that we knew of, and is perhap a more frequent source of infection than the solid excreta.

Not only is it all important to disinfect the excreta of typhoid fever patients, but the greatest care should be exercised in the disposal of human excreta generally, and *especially* in the ordinary privies of the village and country. It has been shown that immune individuals partaking either of food or water infected with typhoid bacilli may deposit the same in their normal stools, thereby innocently serving to infect the water supply, or cause the disease to be distributed by flies. It should not be forgotten that the stools in this

disease are often infectious before the subject shows any evidence of typhoid, and again, they may like the urine contain the bacillus sometimes after convalescence. (16) Given in the country proper care of privies, and diagnosis of the disease de novo, with ideal disinfection thereafter of the excreta (which alone causes bacillus typhosis infection), the disease could be eradicated. While it may be simply utopian to contemplate perfection, there is every reason why we should strive to improve our methods of diagnosis and disinfection, and *unremittingly urge upon our clintele the great importance of at least* exercising ordinary care in the disposal of human excreta.

The importance of this must be apparent when we remember it is estimated that annually, 300,000 people in the United States have typhoid fever and 50,000 die of it. (17) I have not mentioned any special method of making the diagnosis, assuming that every physician when possible avails himself of the Widal test and blood examinations. As soon as the diagnosis is made, or if there is any reason to think we are dealing with typhoid, the patient's room should be barred against flies with wire gauze or mosquito netting, which has the advantage of cheapness, and sticky paper should be kept in the room, in order to catch any flies that may enter. This should be burned after the flies are caught. A liquid disinfectant must be provided which is absolutely reliable. There are a number of substances which furnish in solution an efficient germicide for typhoid excreta. In some experiments conducted by Gwyn, (John Hopkins Hospital Reports, Vol. VIII) the following were found effective. I shall append only his five minute table, believing it is proper to destroy the bacillus in the excreta as soon as possible.

To disinfect within five minutes, Gwyn gives the following: (18)

A volume of infected urine would require—

1-2 its vol. of 1-20 carbolic acid sol.

2-3 its vol. of 1-40 carbolic acid sol.

1-5 its vol. of 1-1000 bichloride sol.

3-20 its vol. 10 per cent. formalin sol.

1-40 its vol. chlorinated lime sol.

2-5 its vol. Liquid Chlorides.

He states, I may mention in passing, that milk of lime which has been much used in the country districts, hardly deserves the name of a disinfectant.

From the above table one may select at will the substance to be used as a liquid disinfectant. It is important, however, that whatever is employed should be accurately prepared and mixed with the excreta in sufficient volume. Personally, I prefer the bichloride or formalin solution, having no experience with others. The latter possesses some advantages over the bichloride, being non-poisonous, non-corrosive and does no

16 W. H. Park. The Bacteriology of Typhoid Fever, Medical News, Dec. 16, 1899.

17 Plunkett Sanitarium, July, 1900.

injure the most delicate fabrics. It is more expensive than the bichloride. The liquid and solid excreta should be disinfected in the same vessels in which they are received from the patient by mixing with the proper quantity of disinfectant solution and allowing them to stand for an hour before being emptied. When emptied they should be placed in a pit dug into the clay, at a safe distance from and below the drain side of the well. They should be carefully covered with lime and dry earth in order that they may be inaccessible to flies.

The soiled body linen, bedclothing, napkins and cloths used about the patient should be disinfected without delay before they are removed from the sick room. This may be done by soaking them for two hours in a vessel containing a sufficient quantity of the disinfecting solution, thereafter they may be removed with safety to the wash-tub.

This is important to prevent (among other things) infection of those having charge of the laundry. The writer remembers to have seen in one season seven cases of typhoid in washerwomen, who contracted the disease by handling infected linen.

If the bath treatment is used, some of the disinfecting solutions should be poured in the water after the patient is removed, more especially should he urinate, or have a fecal discharge while in the tub.

Tablets of bichloride may be kept for this purpose, but they corrode the tin tub ; it is better to use the undiluted formalin.

When emptied, the bath water should be carried to a safe distance and treated in the same manner as the excreta. The nurse should be carefully instructed as to her personal hygiene and made to understand the danger she encounters when attending a case of typhoid fever.

Before the patient is discharged and before measures of disinfection are dispensed with, urotropin should be administered for several days in order to disinfect the urine within the bladder. Finally the sick room must be cleaned and thoroughly treated with disinfectants, including all furniture, beds and bedding. All these things, and more we will do, if we would prevent the propagation of this infectious disease ; *moreover we will have to keep them doing.* I know this is detail in the superlative and the subject is trite, aye more, it is stale, but in the language of the oft-quoted Osler, "Its very staleness is warrant for repetition, the triteness makes earnest reiteration a necessity." Why, because thorough measures of disinfection in typhoid fever as instituted by the physician, particularly in our country districts, is the rule, *it is the exception.* Very troublesome this sanitary business, it may be said, and not inclined to make one popular—admitted.

If one desires to have his instructions carried out, he must frequently lay aside his suaviter in modo, and play for them once the role of health officer. A very different

personage, in matter at least, from the affable doctor.

When we are confronted with typhoid fever, not only should we go on a tour of inspection and order the removal of any thing about the premises favorable to its spread, but then and there should commence to urge upon the family the importance of so living as to avoid this disease.

The layman is careless of theories. He must have practical demonstration. It is needful to do missionary sanitary work in our daily practice. The time is at hand when the family physician must share in the responsibility for the propagation of infectious disease. The time is at hand when he will be held responsible.

This is the morn of the 20th century, the sun of sanitary science is at last above the horizon and like the glorious orb of day, is illuminating with its God-given rays, the remotest corners of the earth.

The march of civilization has been broad, the march of preventive medicine will be broader.

Shall we not fulfill the highest mission of our calling and be as Moses unto this people, leading them out of the wilderness of uncleanliness, teaching them how to avoid disease?

Mr. President, let us again be pioneers, and enter individually and collectively upon a campaign of sanitary education among the people and solve this problem of typhoid fever in our rural districts.

*** Every progressive physician of the South should subscribe for this JOURNAL.

THE PHYSICIAN AS A SANITARIAN.

If Moses while journeying thro' the wilderness recognized the importance of observing certain sanitary laws, where ought we of the twentieth century to be? Instead of having attained a degree of perfection along this line, I ask, where are we? The answer is, still in the wilderness, as compared with where we ought to be. Yet, during the last decade the researches along biological lines have greatly broadened the field of preventive medicine. The microscope and the culture-tube have been the scouts and sentries in the warfare against disease, until we are beginning to see preventive medicine grow in interest, and the people are demanding the service of sanitarians as never before.

Dr. Henry Baker, of Michigan, has well said: "Eminent men in the medical profession, have prophesied that, in the future, the duties and labors of physicians, finally, will become more largely preventive than curative of disease." While this may prove to be true, it would seem to be more in harmony with the general laws of progress that there should first occur a division of labor, a separation of the profession into specialists, one being devoted to preventive, and the other portions to the several branches of curative treatment. It seems to be admitted, however, that a broad culture in all of the medical sciences supplies a good basis for the training of a specialist in any branch of medical practice, and preventive measures are expected to apply to any

disease treated by any specialist.

The general good of mankind, therefore, calls for an interest in, and some knowledge of sanitary science, and its practical application in public health work, on the part of every physician.

The ideal physician, therefore, is an ardent sanitarian employing the various prophylactic measures known to modern science, and though his precepts and practice along sanitary lines will lessen disease, and thereby reduce his patronage, he seeks no equivocal course in his life-saving effort. His is the only profession which is continually legislating against his pecuniary interest. The intelligent patrons of any physician make frequent, and sometimes urgent demands upon his services as a sanitarian. He rises to professional success as a school-master, teaching and training his patrons in the prevention of diseases. He is not always called because of the potency of his pills and powders, but often to give advice upon the many subjects of preventive medicine. It may be concerning the clothing of the infant, or the question of bathing, of feeding, of ventilation, of isolation, of immunization, or of disinfection. Of these and many kindred subjects he speaks among his people as one having authority.

As an educated physician he should know, and as a conscientious one he should practice these precepts, for the good, not only of his own patrons, but of the community of which he forms a part.

The medicine of the present period tends more and more toward the direction of prevention, and if a physician proposes to keep himself abreast of the times, it is imperative that he be in touch with the advance along these lines.

For the physician, who is a sanitarian, the hygiene of infection is a subject of inexhaustible interest. The cause of infection, its geographical distribution, modes of dissemination, portals of infection and prophylaxis. These, and other phases of the subject, afford him food for thought. In time, perhaps, he has joined the army of scientific writers, and the result of his research is written in the great book of sanitary science.

The physician who is a sanitarian is rarely, if ever, a factor in the spread of contagion. His instincts and training lead him to studiously avoid the possibility of his becoming an agent in the transmission of diseases.

But what shall we say, on the other hand, concerning the physician who takes but little, if any interest in sanitary science?

I scarcely need remind you that a great many physicians are criminally indifferent after visiting contagion, taking no precaution in change of clothing or personal disinfection. The fever thermometer, that common carrier of disease, is transferred from mouth to mouth without disinfection, and other instruments are frequently used in the same criminal manner.

The question is sometimes asked: "Should a physician refuse obstetrical calls within twenty-four hours after attending small-pox, scarlet fever, erysipelas, diphtheria and measles?"

The answer to this question has not materially changed since Dr. O. W. Holmes wrote his essay on the contagiousness of puerperal fever.

Let no physician be lulled into a sense of false security by resorting to moderate precaution under such conditions should necessity call him to the puerperal bed-side.

The personal preparation of the physician at such a time should be more thorough, if possible than that of the most painstaking laparotomist before operating.

Without a knowledge of bacterial origin, but by clinical evidence alone, Dr. Holmes proved conclusively the infectious nature of puerperal fever. Yet, now after more than fifty years have elapsed with the side lights of bacteriology and microscopy t'hrown upon puerperal fever, there are physicians who recklessly pass from cases of contagion to midwifery. To such practitioners the words of Dr. Holmes apply. It may be that offense or disease will come, but woe unto him through whom they come, if we catch him in the voluntary or careless act of bringing them.

Whatever independence may be granted to those who have heretofore been the ignorant cause of so much misery, the time has come when the existence of a private pestilence in the sphere of a single physician should be looked upon, not as a misfortune, but as a crime.

During the past two years a mild form of small-pox has appeared in various parts of the United States. The attitude of some physicians toward the disease reflects no credit upon the profession. While the ignorant or indifferent or obstinate physician refused to accept the diagnosis of small-pox, the infection spread, and life was endangered, and business interests were disturbed.

In my own town we had a clear demonstration of what one careless physician can do. Either for popularity or lack of better discretion he sided with the laity when compulsory vaccination was ordered. The result was, the first case of small-pox this physician saw, died in the congestive stage, and was called brain fever; the second was called chicken-pox, and was allowed to go at large until he had spread the disease, and the city had the unpleasant experience of stamping out an epidemic of that loathsome disease at the cost of some thousands of dollars. Just the opposite was seen a few years ago when scarlet fever made its appearance; the wisdom and advantage of precaution were forcibly demonstrated. One of the local physicians was called to see a sick child, and found a well developed case of scarlet fever; a rigid quarantine was enforced, disinfection practiced, and the disease was confined to that one house.

It is sometimes charged that health boards are becoming more and more autocratic, even to an offensive degree, and that physicians and citizens frequently suffer injustice because of their imperialistic methods. Rarely can this charge be sustained. The health officer who seeks the greatest good

to the greatest number will cause some hardship to the few, in the discharge of his duty.

It is true that the power of the health-officer should be wisely used. His training should not cease with a thorough knowledge of sanitary science. He should be gifted with discretion, yet withal be firm. There should exist between the health-officer and his brother physician a spirit of friendliness, of education, and the merging of all sectarianism in the fact of their common mission, under the holy name of physician.

In conclusion I wish to call your attention briefly to our public schools. The physician who is a sanitarian is deeply interested in the school life of the child. It is a lamentable fact that the school buildings of today, with few exceptions, are unsanitary.

In heating, lighting, seating and ventilation health rules are generally ignored, and the helpless child is compelled to submit to cruelties for six hours in the day for months that a man would not endure for an hour.

When there is more attention given this phase of sanitary science, there will fewer cases of tuberculosis among children, fewer cases for the specialist in diseases of the eye and ear, and fewer undeveloped young females for the gynecologist.

American Millionaires are generous. J. P. Morgan has presented a French hospital with 50,000 francs.

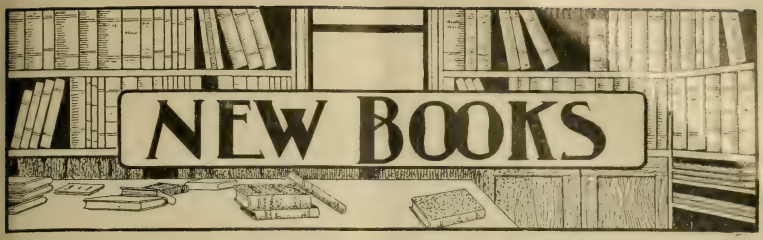
In August, a World's Congress of Tuberculosis will be held in London.

Predigested Cod Liver Oil—Odorless and Tasteless.

It is now more than a century and a half since the value of cod liver oil as a therapeutic agent was recognized, and more than half a century has elapsed since the substance came into general use in the treatment of wasting diseases, and its supreme value in the treatment of consumption became a generally admitted fact. In all this period, the oil in its natural state, as an oil, has been generally used in medicine, more or less medicated, it is true, and with its nauseous qualities more or less masked and modified, but still remaining a remedy whose disgusting attributes, whose bulk and volume have made it formidable to every patient, and to many have constituted an almost insuperable bar to its use.

Chemistry and pharmacy have alike attacked the problem, and fortunes have been wasted in the attempt at removing obstacles, but up to a short time ago, anything like a true, pleasant and palatable remedy with cod liver oil as a basis, has failed to materialize.

Very recently, however, the idea of applying to cod liver oil the principles of metabolism which have heretofore won such signal successes in the field of nutrimentation, in the preparation of meat peptones, and the various predigested foods, etc., occurred to workers experimenting along this line, and the result has been a complete and surprising victory over this hitherto stubborn and rebellious substance.—*From the National Druggist, May 1901.*



Progressive Medicine, Vol. II., 1901.

A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M. D., Professor of Therapeutics and Materia Medica in Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 460 pages, with 81 engravings and one full-page plate. Lea Brothers & Co., Philadelphia and New York. Issued quarterly. Price, $10.00 per year.

Progressive Medicine is always a welcome visitor to the doctor's table. It is not only attractive in appearance and a model of the bookmaker's art, but what is of more importance from the reader's standpoint, its contents place him in touch with the progress of the world of medicine, admirably arranged for convenience of reference and written in a style that charms. The articles are by no means bare abstracts, but represent the views of the writers, men eminent in their several departments. The present volume is fully equal to those which have gone before.

Dr. William B. Coley describes in concise and lucid terms the most recent technique of the various operations devised for the radical cure of different kinds of hernia, and goes thoroughly into the operative treatment of gastric ulcer and intestinal perforation, in which surgery has recently made such wonderful advances. In addition his article covers the entire field of abdominal surgery.

Dr. John G. Clark in the section on gynecology pays attention to the parasitic origin of malignant growths, the utility of spinal anæsthetization in gynecological operative procedures, and besides much other matter gives the result of his own famous and epoch making study of the circulation of the ovary, a discovery which has cleared up many of the problems connected with ovulation and menstruation.

Stengel has an important chapter on the blood, in which he considers also the ductless glands, hæmorrhagic and metabolic diseases. The author not only gives the results of the recent labors of others in the field, but the gist of much original work on his own part.

Dr. Edward Jackson concludes the volume with an able resume of the achievements of ophthalmologists during the past pear.

The International Medical Annual—A Year Book of Treatment and Practitioners' Index—1901, Nineteenth Year.

E. B. Treat & Co., 241–243 West 23rd Street, New York—Chicago, 199 Clark Street—Price, $3.00.

It would seem superirrigation to extensively review a work that has

stood the test of nineteen years before the medical profession of the country. The enterprise of its publishers is sufficiently attested by a glance at the present volume. In the department of therapeutics there has been added a special article on toxins and antitoxins, by Dr. Wm. Murrell and Prof. McFarland, of Philadelphia; in the dictionary of new treatment will be found articles covering the whole range of medicine and surgery by well known contributors. Prof. Ruatta, of Italy, contributes an article on tuberculosis; Dr. MacIntyre, of Glasgow, has a special paper on X-ray work in medicine and surgery, while Dr. Edridge Green treats of color blindness, and Mr. Turner, F. F. C. S., considers dental and oral surgery.

These special articles will add value to work which has already attained an enviable position in the mind of the medical public.

Ewing on the Blood and Its Diseases.

Clinical Pathology of the Blood. A Treatise on the General Principles and Special Applications of Hematology. By JAMES EWING, M. D., Professor of Pathology in Cornell University Medical College, New York City. In one handsome octavo volume of 432 pages, with 28 engravings and 14 full-page plates in colors. Cloth, $3.50, net. Just ready. Lea Brothers & Co., Philadelphia and New York, 1901.

This is a work that is both comprehensive and authoritative, containing the most recent advances in its department, and beautifully illustrated with original plates of varied colors. The importance of study of the blood in diseased conditions has received its proper consideration only in recent years. Dr. Ewing has conferred a great service on the profession in that he has gathered into one connected volume information that would otherwise have to be sought for in special monograms or periodical literature. He has done this in so clear and satisfactory a manner that his work may justly be looked upon as a trustworthy clinical guide, especially to physicians who desire to reap the advantages of laboratory study.

Fischer—Infant-Feeding in Health and Disease.

A Modern Book on all Methods of Feeding. For Students, Practitioners, and Nurses. By LOUIS FISCHER, M. D., Attending Physician to the Children's Service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the West-side German Dispensary; Fellow of the New York Academy of Medicine, etc. Containing 52 illustrations, with 16 charts and tables, mostly original. 368 pages, 5¾ x 8 inches. Neatly bound in extra Cloth. Price, $1.50, net. Delivered. F. A. Davis Company, Publishers, 1914–16 Cherry St., Philadelphia, Pa.

The importance of an accurate, practical knowledge of this subject will be denied by no person of intelligence. Modern advance in the matter of infant feeding has been noteworthy, and while no doubt the number of hand fed infants is greater than formerly, the investigations along this line have been so successful as to more than keep pace with the demand for more knowledge in this department. While no one would contend that the development in our knowledge

of this important subject has reached anything like perfection, "modern methods of infant feeding" are greatly in advance of the usual practice of a few years ago.

The author states in his preface, that he was induced to write the present volume by observing the eagerness with which physicians taking postgraduate courses request detailed information concerning modern methods.

This work, although comparatively small in size, contains a very complete statement of the subject, beginning with a brief but practical consideration of the anatomy and physiology, and closing with directions for nasal and rectal feeding. Between the two may be found a careful consideration of all the problems that come up under the head of infant feeding. We feel sure that Dr. Fischer's work will prove of great value to any one desiring to equip himself thoroughly on this necessary branch.

Obstetric and Gynecologic Nursing. By E. P. Davis, A. M., M. D., Professor of Obstetrics in Jefferson Medical College and Philadelphia Polyclinic. 12 mo. volume of 402 pages, fully illustrated Philadelphia and London. W. B. Saunders & Co., 1901. Price, $1.25 net.

There is a tendency upon the part of many trained nurses to avoid as much as possible obstetrical cases, but in no department of practice is their service of more value to the physician. It is frequently a more difficult matter in private cases, and in the hurry and bustle incident to general practice to obtain that degree of asepsis on the conduct and management of a labor case that the medical attendant desires, and it is rarely ever obtained under these circumstances without the intelligent aid of the nurse. Then again the care of the mother during the first week, at least, of the purperine is of such great importance that visions of the hydra-headed monster of septic infection eontinually flit before the imagination of the physician unless he has confidence that the numberless little details of the lying-in period have received the careful attention of a trained nurse.

The name of the author, one of the foremost obstetricians of this country, is of itself a guarantee of the thoroughness as well as the practical character of the present work—of the importance of the well equipped nurse in gynecological work there can be no question, and Dr. Davis has given considerable space to this part of his subject. The volume is gotten up in the best style, well illustrated and will find a place for itself in the training schools and libraries of the country.

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Among the Magazines.

A leading article in the July magazine number of The Outlook, which is its midsummer number, as the August magazine number is devoted to educational subjects, is "The Spirit of the New World as interpreted by the Pan-American Exposition," by Hamilton W. Mabie. This subject, on which Mr. Mabie writes with his usual insight and charm, is profusely illustrated by reproductions from drawings of the beautiful architectural features of the exposition. ($3 a year. The Outlook Company, 287 Fourth Avenue, New York City.)

* * *

The Literary Digest of June 29th contains much of interest to the medical man. Under the general heading of Science and Inventions, we find these topics: Deformities of Occupation; Geology and the Deluge; Do Plants Melt Snow? Invisible Phosphorescence; The Solitary Meal as a Cause of Dyspepsia; The Sound of Cannonading; A New Dead Sea; The Hygiene of Fasting; An Ocean "Limited Express;" Electricity and Vegetable Life; Transportation through Tubes; Topics of the Day; Tariff Skirmishes with Russia and Italy; Sir Thomas Suggests an Ocean Race; Cuban Papers on the Acceptance of the Platt Amendment; Civil Government for the Philippines; The Referendum in South Dakota; Death of Hazen S. Pingree; Controller Coler's View of "Professional Reformers;" A Judicial Decision Upholding Blacklisting; Booker T. Washington's Story of his Life; Retirement of Senator T. C. Platt; The Present Situation in China; The Portuguese "Clerical Kidnapping" Problems before the Australian Parliament; The Kaiser as an Orator Again; Europe's Interest in the Nicaragua Canal; Is Chile Fortifying the Straits of Magellan?

* * *

The July Scribner has an attractive flow of adventures, sport, travel, and holiday-making out-of-door. The leading article, by Rufus B. Richardson, describes the romance and the historic past of Sicily. Two articles that will appeal strongly to lovers of nature are "Parkman at Lake George," by Francis Parkman, and "Uncle David," by Leroy Milton Yale." "The Delta Country of Alaska," is described by G. R. Putnam, of the Coast and Geoditic Survey, in an interesting article. Mrs. Wiggin's "Goose Girl" comes to an end with a very pretty love story. Senator Hoar gives personal reminiscences of famous orators he has heard, with vivid descriptions of the oratory of Gladstone, Choate, Edward Everett, and other great speakers of the past half century.

According to Prof. Adam Sedgwick, buds share in the growing old of the parent plant. He illustrates his meaning in this way: Suppose the average life of an individual plant—say a tree—to be 100 years, then a bud removed when the parent plant is 50 years old will also be virtually 50 years of age, and if transplanted by grafting will be able to live on the graft only 50 years more.

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[WARNER & CO.]

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PARVULES OF ALOIN, 1-10.

[WARNER & CO.]

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The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one to two every evening at and about the expected time.

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PARVULES OF PODOPHYLLIN, 1-40.

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Two Parvules of Podophyllin, administered three times a day, will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

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[WARNER & CO.]

This Parvule will be of great use to Physicians, as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

PARVULES OF CORROSIVE SUBLIMATE, 1-100.

[WARNER & CO.]

Dr. Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the Treatment of Diarrhœa, whether the stools contain blood or not.

PARVULES OF NUX VOMICA, 1-50.

[WARNER & CO.]

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric functions.

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PHYSICIANS' VISITING LIST—FORMULARY OR PRICE LIST SENT ON REQUEST.

Suggestions.

We wish to draw attention to the medical department of the North Carolina University which is advertised in another column. By its thorough work this school has earned a high reputation. No man holding its certificates has ever failed before the State Board of Examiners. The school has been strengthened by the addition of a professor of physiology.

The expenses are very reasonable both for tuition and living expenses.

INTOXICATED THROUGH THE SENSE OF SMELL.—Among the peasants of southern Italy, Sicily and Sardina, a curious malady has been noticed by physicians which is caused by eating beans. One of the most remarkable effects of the malady is a species of intoxication resembling that produced by alcoholic drink. In some cases persons predisposed to the malady are seized with the symptoms of intoxication if they pass a field where the bean-plant is in flower, the odor alone sufficing to affect them.

It is said that Formosan savages are puzzled by an extremely simple arithmetical problem. If two of them are to share five articles of food, they divide by taking two apiece and throwing the fifth away. But that is not so bad, after all. It even shows that they have made progress. In earlier times, the stronger of the two would have disposed of his unesteemed contemporary, and appropriated the whole. It is a movement onward and upward when the rights of others are recognized and respected.

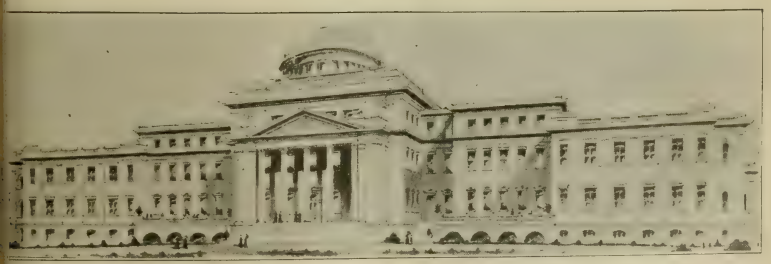
THE ANODYNE TREATMENT OF ACUTE PERITONITIS.—McCaffery ("The Etiology, Pathology and Treatment of Acute Peritonitis,") observes that the most pronounced indication for treatment in peritonitis is that for the relief of pain. Blisters and counter irritation, the older resorts, are practically useless. Hot water-bags and poultices are far superior, but the relief they afford is only temporary. In some cases the ice bag is more grateful than hot applications. But whether hot or cold is employed, it should be relied upon only until other lines of treatment can be instituted. Papine should be given in teaspoonful doses every hour, and the doses repeated frequently enough to afford the desired results. Relief from pain, short of narcosis, should be sought, and this is generally easily obtained by proper dosage. Papine does not produce nausea, but rather prevents this symptom. In the event of the development of more or less prostration, a proper stimulant, such as strychnine or nitro-glycerine should be judiciously employed.—*Medical News.*

According to an exchange, Mlle. de Noualhier has a hobby for caring for consumptives in the last stages, found in Paris, from which city she has them taken to a villa in Limoges, not far away, to be eased in their last moments. She works only among the destitute consumptives, taking them to her chateau, where they are cared for and buried at her expense. She began her work some five years ago.—*Medical Age.*

A Chicago daily paper is authority for the following: Dr. Dudley S. Reynolds, one of the founders of the Louisville Hospital College of Medicine, and a member of its faculty from its inception, has been dismissed from the institution because of his antagonism to cigarette smoking. He is now suing Central University, of which the medical school is a part, for $15,000 damages. Dr. Reynolds, in his lectures to his classes, denounced cigarette smoking and smokers in unqualified terms. The students took offense and refused to attend his lectures unless an apology was made. This he declined to do. At this juncture the faculty joined with the students and requested his resignation. Again he declined, and his dismissal followed.—*Medical Age.*

According to an exchange, Dr. Angel Bellingzaghi, whose experiments with yellow fever serum obtained last year the official recognition of the Mexican government, announces that he has found an active vaccine, which he believes will insure absolute and permanent immunity from the disease. Immunity by means of his serum was only temporary. A quantity of the serum and the vaccine is being prepared for use in Cuba, where he proposes to demonstrate their value. He delicately suggests that some medical institution or even the United States government, might supply the means for these tests, and he is careful to invite reporters to watch them.

Presbyterian College for Women.... Charlotte, N. C.



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LIFE NEAR THE EQUATOR.—The Reverend Father Grison, of Stanley Falls, Africa, writes that Europeans have a very inaccurate idea of tropical temperatures. He passed eight years at the equator on the Pacific coast, he says, and never saw the mercury above 85°, while at Stanley Falls the maximum is 90°, and the nights are deliciously cool. On the other hand there are frequent tempests of indiscribable violence, and Father Grison has counted 66 lightning flashes in one minute, the thunder being continuous, and has seen 10 thunderbolts strike within a radius of a few hundred meters in the space of two hours.

Major Ross has had placed at his disposal by a wealthy Scotchman a sum of money sufficient to make a year's thorough trial of the relation of mosquitoes to malaria in some malarious district of West Africa. A corps of workers with necessary equipment will proceed shortly to Sierra Leone to begin the work of extermination.

According to Dr. Brunon, director of the Rouen School of Medicine, the English method of combating tuberculosis with good food and outdoor exercise is more efficacious than the sanatorium system observed throughout Germany.

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Can you think of a better place to send your daughter than to a school which has for its teachers the ablest specialists in the various branches which it is possible to secure, graduates from both our own and foreign colleges and universities; a building in which the student will be surrounded with those things essential to health and good work; located in a climate which, according to the United States Official Report, is found to be the most healthful in the United States, east of the Rocky Mountains.

If you are interested in a college like this, write to the President, Rev. C. B. King. Our catalogue will give to both parents and prospective pupil just the sort of information they desire, before going away to school, whether you should attend our school or some other.

The University of Pennsylvania is, according to the *Medical Record*, about to erect, at a cost of more than $500,000, exclusive of grounds and equipment, a medical laboratory building. It will be quadrangular in shape and will be located on the south side of Hamilton Walk, between Thirty-sixth and Thirty-seventh streets. The building will be two stories in height above a high basement, and will measure three hundred and forty feet front by near two hundred feet in depth. All along the front are arranged small rooms for research, rooms for professors and their assistants, a library, etc.; These open into a private corridor, so that men employed in these rooms may pursue their work without interruption from students passing through the main halls. Perfect lighting of all the laboratories has been obtained, the courts being large enough, with the low front building, to furnish good north light to the laboratory of pharmacy and pharmacodynamics on the first floor, and to the laboratories on the second floor devoted to pathology, the north front of these rooms facing on the courtyard being made almost wholly of glass and extending higher than the front, so that steady north light will be thrown to the back of the room.

The "Great White Plague" is receiving in current medical literature the attention its importance demands. It is a scourge that destroys more of our race than cholera or small-pox.

The mosquito must go. The Hartford, Conn., board of health is sprinkling kerosene on near-by ponds and marshes.

It is reported that not a single case of rabies has occurred in Berlin since 1873, when a law was passed requiring the compulsory muzzling of all dogs.

University of Pennsylvania

Department of Medicine.

The 136th Annual Session will begin Tuesday, October 1, 1901, at 12 M., and will end at Commencement, the second Wednesday in June.

The Curriculum is graded, and attendance upon four annual sessions is required.

Practical Instruction, including laboratory work, in Chemistry, Histology, Osteology, Bacteriology, Physiology and Pathology, with bedside instruction in Medicine, Surgery, Gynæcology and Obstetrics, is a part of the regular course, and without additional expense.

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Many French, Swedish, and German cities, but particularly Leipsic and Plauen, in Saxony, says an exchange, have a plot of land not far removed from the schools, where gardening is taught to the children on one or two afternoons in the week. They learn not only how to sow the different kinds of vegetable seeds, how to transplant trees, how to tell when melons are ripe, how to care for strawberry beds in all seasons, but also learn the botanic names and relationship of the plants, and name and appearance of all the common weeds and the poisonous plants, which are plotted by themselves and labeled. A little pond holds aquatic flora.

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The saliva of wild animals is naturally strong in alkaline reaction; by the use of the tongue for licking it is kept clean. They are exempt from decayed teeth, diseased gums, and indigestion. This should be a hint to physicians to see that their patients keep the mouth pure. "Vegetol" cleanses perfectly without injury, and produces an alkaline saliva in which few disease germs thrive. For sample and literature address Vegetol Co., 11 E. Seventh Street, Cincinnati, O.

Dr. Matthews, professor of physiologic chemistry of the Harvard Medical School, has accepted a position on the faculty of the Medical School of the University of Chicago.

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Dose.—A teaspoonful before meals, the dose before breakfast preferably in hot water.

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HYPEREMESIS GRAVIDARUM.

By J. W. P. Smithwick, M. D., LaGrange, N. C.

This is a disorder that occurs during pregnancy, and in most cases is confined to the earlier stages. It may be said that nausea and vomiting are, to a certain extent, normally associated with the pregnant condition of the female, but in some instances it assumes such proportions that it not only becomes pathological, but extremely dangerous. It may vary in severity from a slight "morning sickness" to an extreme state of nausea and vomiting, so that nothing will remain in the stomach, and even the thought of food will cause retching. The diagnosis of this condition presents no difficulties; the conditions of the nausea and vomiting being present and associated with pregnancy are sufficient. In some of the more severe cases, if allowed to progress, the emaciation and exhaustion soon become a matter of no small moment and, unless the trouble is brought to a termination, death may occur as a result.

Hundreds and hundreds of things and remedies have been recommended and used for its alleviation, but the experience has been that in most of the severe cases the gravid uterus has to be emptied of its contents to secure relief. In a great many other cases less severe the desired relief comes from less radical measures.

In the treatment of pernicious vomiting of pregnancy it is unusually the custom to put off the radical means, that of producing abortion, as long as possible and in following one is sometimes confronted with a very grave condition of affairs. The suffering woman is too weak and much exhausted to stand the operation, and death seems inevitable unless it is done. I had one such case as that, and I well remember what a predicament I was placed in. I had consultation, and we performed the operation of abortion, which seemed the only means of relieving the woman, but she was too much exhausted, and died from its effects. Since that experience I have made it a point to keep on the safe side as far as possible. Of course it is desirable to save the life of the child if possible, but it is not at all desirable to sacrifice the lives of both mother and child simply to give it a chance.

As I stated, numerous remedies have been recommended for the treatment of this condition, but I find that Ingluvin, manufactured by Wm. R. Warner & Co., of Philadelphia, gives me the best clinical results. I have frequently seen patients who would vomit immediately upon taking anything into the stomach almost relish this preparation, and the vomiting immediately cease, irrespective of its primary cause. Having had such good results with it in the various forms of nausea and vomiting, I was induced to try it in the vomiting of pregnancy, both physiological and path-

ological, and have had excellent results up to date. In those patients in whom the vomiting amounts to nothing more than the "morning sickness," which may be considered physiological, I have found it to give a very great amount of relief, as well as in others, when it becomes to be pathological. It relieves the nausea and increases the appetite and assimilation to a marked degree, so that the patient's system is put in an excellent condition to undergo the ordeal of labor. By relieving the nausea and increasing the assimilation and digestion, it aids in regulating the functions of the liver and kidneys, and other emunctories of the organism, thereby overcoming all tendencies to the occurence of postpartum complications and eclampsia.

I relate a few cases which I have treated to illustrate specifically the results I have had with the use of Ingluvin, as follows :

Mrs. Mary ——, aged 22, primapara. Began suffering, presumably about the third week of pregnancy, with nausea and vomiting of rather a severe type. I was called, and administered some of the customary remedies, but she continued to grow worse until about the tenth week, when I was seriously considering within myself the propriety of inducing an abortion. However, having had good results with the use of Ingluvin in nausea and vomiting due to other causes, and associated with other conditions, I determined to test it in this case. I prescribed it in fifteen grain doses every four hours. The first dose was retained, quite to my surprise, as hitherto she had vomited everything taken into the stomach, and the only way she could retain anything, even for a short time, was to take it immediately after a vomiting attack. From this time on she began to improve, being troubled only occasionally with nausea and vomiting, until she finally recovered. She gained about twelve pounds in weight, and went through the remainder of the pregnancy and the period of confinement without any difficulties.

Mrs. S——, aged 32. This was the third pregnancy. She had been troubled no little with nausea and vomiting during the preceding pregnancies, but at this time the condition was very greatly exaggerated beyond what it had been. She consulted me during the sixth week, stating that there were very few times she could retain either food or drink in her stomach. Her bowels were constipated, skin thick and sallow in appearance, and tongue heavily coated. She was much emaciated, and in low spirits, as she had had some difficulty with former births, all being instrumental deliveries, due to inertia of the uterus. I prescribed Ingluvin in three daily doses of fifteen grains each. In one week she reported that she was improving rapidly, having only had during that time two spells of nausea and vomiting. Her appetite was good, and she could retain almost anything that she desired for food. Her bowels were in an active condition, and skin much better in appearance. Her spirits were decidedly more

buoyant. I directed her to continue the medicine in the prescribed dose until near the time of confinement. She did so, and I attended her. The labor was perfectly normal in all respects, and was a short one when compared with her previous labors, lasting about six hours. Convalescence was rapid, and recovery complete, and she stated that she never felt so well that early after a confinement. I attribute all the improvement in this individual case to the use of Ingluvin, being fully convinced of its value as a therapeutic agent.

Mrs. Sarah G——, aged 24, second pregnancy. I was called in consultation in this case for the purpose of considering the propriety of inducing an abortion on account of pernicous vomiting. I found the patient in a very weak and exhausted condition, due to almost incessant retching and vomiting. She has been unable to retain anything in the stomach, in the way of food, for the last three weeks, and rectal alimentation had been resorted to, but now the rectum had rebelled, and there seemed nothing left that held out any hope of relief at all except an induced abortion. This was the only thing left to do in the mind of her medical attendant, but I am sure that death would have resulted. I advised the administration of Ingluvin in does of fifteen grains every three hours, and very small quantites of such nourishment as she most desired. The first dose was promptly vomited, as everything else had been for the past few weeks, but it was immedi-

THE ALKALINITY OF BLOOD SERU

GLYCO-THYMOLIN

ASEPTIC
ALKALINE, ALTERATIVE

INDICATED IN TREATMEN
OF

Summer Complaints

Dr.——Reports following case:

DYSENTERY. PATIENT, 16 MONTHS O TOOK TO VOMITING AND RUNNING OFF BOWELS, SIX DAYS BEFORE I WAS SUMMON WHEN I REACHED THERE, FOUND T PATIENT PASSING FOUL AND BLOODY CHARGES. IMMEDIATELY PUT PATIENT GLYCO-THYMOLINE AND LIQUOR BISMU EQUAL PARTS, TEASPOONFUL EVERY T HOURS; JUST AFTER THE SECOND DOSE W GIVEN, I COULD SEE A MARKED CHAN PATIENT IMPROVED FAST, AND IN ABO THREE DAYS HAD COMPLETELY RECOVER

OTHER SIMILAR CASES TREATED WI GLYCO-THYMOLINE, GAVE ME EQUALLY GO RESULTS.

Dr.——Reports following case:

GASTRO-ENTERITIS, WHERE THE WAS CONSTANT VOMITING. CHILD, TWEL MONTHS OLD; GAVE ONE-HALF TEASPOONF GLYCO-THYMOLINE IN HOT WATER, EVE HOUR UNTIL FIVE DOSES WERE TAKEN, A USED ENEMA OF GLYCO-THYMOLINE TABLESPOONFUL IN FOUR OUNCES OF WAT THIS TREATMENT GAVE PROMPT REL AND I BELIEVE SAVED THE CHILD'S LIFE.

Samples on application

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ately repeated and was retained. From this time on there was no trouble about retaining the medicine, though her stomach was very weak for the first few days, and only very small amounts of nourishment could be taken and retained. Once or twice during that time she had severe vomiting spells, but they eventually passed off, and she did well the balance of the term, and was delivered of a healthy baby. There was no post-partum trouble.

I frequently administer Ingluvin to my patients who are in a pregnant condition, and are suffering with nausea and vomiting of a mild degree, and find that it gives a very great amount of relief and comfort. They gain weight during its administration, and their systems are put in a healthy condition, and they are much better prepared and able to stand the strain of labor than those who have not taken the preparation. I have never had a patient have eclampsia after taking Ingluvin, which, of itself, is no small recommendation for it. Ingluvin has, on every occasion, served my purpose well; indeed, far better than anything else I have ever tried, and I heartly recommend it to the profession.

Professor John B. Smith, the State entomologist of New Jersey, asserts that the mosquito is the sole cause of malaria, and that while there may be mosquitoes without malaria there cannot be malaria without mosquitoes.

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ERGOAPIOL (SMITH) AS AN EMMENAGOGUE AND OXYTOCIC.

By M. A. AUERBACH, Ph. G., M. D., New York City.

Ergoapiol (Smith) being introduced, as I understand and have reason to believe, to the physicians only, and under all the rules of professional ethics and furthermore as it has proven exceptionally efficacious in its indications, it seems reasonable that I should report the results of my investigation with the same.

As the stoppage, scantiness, or non-appearance of the menstrual flux arises from very different causes, and as these causes are of diverse or even opposite natures, and may often be removed by drugs, it is obvious that very many remedies of very different character are indirect emmenagogues. Thus, amenorrhea may depend upon plethora, or it may be the result of anæmia; and while in the one case depletory medicines are indicated, in the other case tonics are no less essential. As a direct emmenagogue, Ergoapial is the drug par excellence. In such cases where uterine stimulation is required Ergoapiol should be given.

Another thing of vital importance in favor of Ergoapiol (Smith) is its non-toxicity and entire absence of narcotic action. Unlike ergot where one has to be continuously on the lookout for ergotism, or other results following the use of numerous other emmenagogues, whose action has proved fatal in so many instances, Ergoapiol (Smith) can be given without fear.

As an oxytocic, Ergoapiol is second to none. Its action is far superior to that of the best fluid extract of ergot on the market today. It has for the past year become routine practice with me to administer Ergoapiol after each confinement.

Ergoapiol (Smith) has given me better result than any drug I have ever used. I prescribe it in all of my cases of dysmenorrhea. Success upon success has gratified my efforts since I began using it. Its therapeutic merit as an emmenagogue is simply phenomenal.

In concluding, all I would say is, that the physician should here lay aside his skepticism and give this remedy a thorough trial. Doubtless, most physicians feel, as I did when I first learned of Ergoapiol, that it is about as good as the apiol sold in the market, which is indeed inert and ineffective.

With great pleasure, I cite on next page a few of the many cases treated with this remedy:

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Mrs. W., Madison Street, New York City, age thirty-nine, widow, has had severe backaches shortly before and during her whole menstrual period, which usually lasted from three to four days. I dilated her cervix between her period some two months back, but it did no good. I administered Ergoapiol (Smith), one capsule t. i. d., and to my surprise, she has gone through her last monthly period without pain or discomfort.

Miss X, James Street, New York City, age nineteen, single, contracted syphilis six months ago and ever since that time, although under treatment for the above named disease, has had severe pains with scanty flow during her menstrual epochs. Her physician tried, so she tells me, "most everything he knew of" without avail. She came to me about two weeks before her last periods were due and I gave her two prescriptions, one for a douce to "begin at once" and the other, two caps Ergoapiol, t. i. d. one day before her expected period and to be continued for the following three days. I am glad to state that she has passed through her time with a full flow and absolutely painless.

Mrs. F. M., Sixty-second Street, New York City, has suffered intense pain before and during her menstrual periods. I administered Ergoapiol (Smith) about four days before the expected time, one capsule three times daily. She went through her period without the slightest pain or ache.

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EDITORIAL.

CHRISTIAN SCIENCE IN NORTH CAROLINA.

The disciples of this faith are actively at work in North Carolina, and strange as it may seem the number of people who are coming under its influence is increasing rapidly, and more inexplicable yet, comprises some of the apparently most intelligent people of the State. Even the very elect, it would seem, are being deceived. As a matter of religion the question does not concern the medical profession as a body, but of that part of their doctrine which teaches that disease is to be cured by prayer and without the remedial instruments that God has placed in our hands for this express purpose, we, as guardians of the public health, should take cognizance. Not only are the sick allowed to die, but the germs of infectious diseases are disseminated and the public health endangered. If a sick person prefers to die without the effort of a physician to prevent this outcome why no one, we suppose, will deny him that privilege, but when the guardian of a child or an incompetent person allows either to die from disease, refusing to call to their aid such means as the whole world recognizes, that guardian is either insane or criminal, and should be dealt with accordingly.

There is an institution near Marion, N. C., known as Elhanan Institute, conducted by one Miss Perry, a "sanctified" or "holiness" preacher, which is probably doing some good in furnishing instruction to a number of poor boys and girls. The Marion News thus refers to a case of typhoid fever occurring at this school:

"Edward Bright is lying at the point of death at the old Foster house. He has typhoid fever. When taken sick he was engaged in teaching telegraphy

and typewriting in the Elhanan Institute. His relations not having heard from him in weeks, William went to the institute Friday and found his brother in a critical condition. The sick man said he had repeatedly asked for a physician, but no doctor had been sent for. Prayer and faith, in the opinion of his custodians, is the cure for all diseases incident to humanity. Drs. G. S. Kirby and George P. Reid were called in and they had their patient removed to the Foster house. He is low, but getting along reasoably well."

The Raleigh News and Observer, commenting on this and other similar instances, says: "Christian Science, as the Mrs. Eddy treatment is called, is the best thing in the world for people who have no real trouble, but think they are sick. When they come to accept the theory that there is no such thing as sickness, they have obtained release from their nervousness and their supposed sickness. But it is a crime to deny a patient sick with typhoid fever or like ailment, the treatment which the wisdom of the medical profession has found to be essential to save the lives of those who have such diseases. It is not necessary to doubt the 'sincerity and devoutness' of the apostles of Christian Science to demand medical attention. It is only to doubt their capacity as physicians."

Would the State Board of Medical Examiners grant a license to an applicant who in answer to a question as to the treatment of typhoid fever, or pneumonia, or diphtheria, would say "Do nothing but say your prayers?" He would very properly be considered as a person unfit to trust with the health and lives of the citizens of our State, and if he attempted to carry out his practice should be amenable to the laws of the State, and if the laws are so framed as not to cover such a case, the Legislative Committee of the State Society should use all its influence to have the necessary legislation enacted. It is claimed by some that the medical practice laws only apply to those who prescribe drugs; and that it is impossible to reach these people. It is unnecessory to argue to the readers of this Journal that the practice of medicine comprises more than the mere giving drugs, but our legislators should be brought to understand this, and the term "practice of medicine" so defined that any person or persons who shall assume charge of a case of sickness, deformity or defect of the human body with the purpose of relieving such condition shall be considered engaging in the practice of medicine.

AMERICAN STERILITY.

The average sterility of American women a century ago, says Dr. George J. Engleman, of Boston, who read a paper on this subject before the recent meeting of the American Medical Association, was two per cent. and the average number of children to a marriage was six. At present the average sterility is said to have risen to the alarming rate of twenty per cent. with an everage of only two children to a marriage. It appears then that were the United States deprived of the influence of immigration on the growth of its population, we would be in danger of being placed alongside of France in this respect. The Medical News quotes from the editor of Harper's Magazine, who in a discussion of modern love and love stories speaks of "that revolution through which woman has come to live for herself—for her individual development rather than for the race," and who adds: If we take a narrow and aristocratic section of con-

temporary humanity the result seems disastrous. It has been estimated that in fifteen consecutive blocks on upper Fifth Avenue, there are but fifteen children. And taking a more general view, we can not but consider the denial of motherhood to so many women, whether it be voluntary or involuntary, the saddest tragedy of our modern life."

Says the Medical News: This is, of course, a pregnant aspect of a great social question. As physicians we are much more concerned with it than might at first sight appear. Undoubtedly there is a tendency in the up-to-date physician to advise too readily against maternity and its attendant cares. It is always a question whether the childless woman or the mother wrapped up in every phase of the health of a single child is really in the end less free from care than her sisters with children and their concomitant duties. Occupation of mind and a definite purpose in life are often the best remedies that can be prescribed for the nervous woman whose time hangs so heavily on her hands that morbid introspection and magnification of symptoms become the burden of existence. While at present the weight of medical influence is exerted toward the limitation of families, it would seem to be safer physically and morally to throw it rather on the other side of the scale so that larger families than are at present the rule would become the mode.

WHY ARE PHYSICIANS SHORT-LIVED?

Medicine learns from the medical dial that the average length of life for medical practitioners is from 52 to 56 years, while clergymen live ten years longer. The question is asked whether this high death rate among physicians is not to a large extent preventable. The man whose life-work is to teach others to take care of their health would naturally be presumed to take care of his own. Too commonly, however, it is just the opposite. Exposure to infectious diseases cannot be avoided, but the risks may be greatly lessened by proper attention to disinfection and to maintaining a good physical condition. Overwork and broken rest contribute not a little to the high death rate among physicians, and the latter is often the fault of the physician himself. While a certain amount of overwork is unavoidable, it is usually possible to avoid making many night visits, and it is an unwise policy to make a night journey to avoid breaking into office hours.

Young physicians are sometimes given to boasting of the way they abuse themselves by overwork. How often we meet the man who has not had his clothes off for two weeks, or who has not had any sleep for ten nights, excepting what he could get in his buggy. Very brave and selfdenying; but would it not be better for the doctor and his patients if he undressed once in a while and took a bath; if when pressed with work he turned over an unimportant case to a less popular physician while he took a much needed night's rest in a comfortable bed? Worry, overwork, and bodily suffering often lead to the use of stimulants or narcotics, which too often cut short a bright and promising career.

Dr. Wiley Fussell, a prominent physician from Irwin county, Ga. was shot down in cold-blood on a public highway in that county by a white man named Brantley. Fussell was killed, and Brantley escaped in a buggy.

The Carolina Medical Journal.

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ORIGINAL COMMUNICATIONS.

THE PHYSICIAN AND THE PUBLIC.*

By F. JULIAN CARROLL, M. D. local surgeon at Summerville, S. C.

Mr. President and Fellow Members of the Association of Surgeons of the Southern Railway:

In seeking for an appropriate theme for a paper to be read before an association such as ours, one is compelled to choose between a somewhat narrow specialization on the one hand, and a broad and perhaps irrelevant generalization on the other. As railway surgeons the strictly pertinent topics for discussion would I presume include such subjects as--burns, scalds, and other railway injuries; controversies with accident insurance companies and railway officials; the disinfection of cars, tramps, trainmen and other railway truck and rubbish, all of which has received such thorough and intelligent discussion at previous meetings of this learned body, that it seems well nigh presumption for a new and inexperienced member to attempt to think or write anything in the least new or interesting along the above lines.

The special class then, having been denied me, I must perforce either keep quiet or go over into the generalization class for my subject, meanwhile humbly requesting of the members of this association that they keep in mind the sign which is said to be prominently displayed in most western theatres—"Don't shoot the actor, —He's doing his best." My re-

*Read before the Association of Surgeons of the Southern Railway—Mobile, Ala., May 8th. '01.

marks may not suit you nor may they seem appropriate to this occasion, still in the interest of peace and harmony, kindly remember that I am doing my best and refrain from shooting.

The mutual relations between the Pysician and the Public should ever be a subject of the greatest interest and importance to the members of the medical profession, be they railway surgeons or not, for after all is said we are physician first and railway surgeons afterwards, and the apology I have just made is not for my subject but because of my conscious inability to handle it in the manner it deserves. In the course of my remarks I shall try to show wherein the physician misunderstands and perhaps misjudges the public, and on the other hand why the public to a much greater extent misunderstands and misjudges the medical profession.

In commencing a paper along the above lines I think I cannot make a more appropriate start than by quoting from the address of Trackle Wallis, of Baltimore, as to the scope of medicine. He says of medicine: "It sweeps in its high scope the whole sphere of physical and moral science. It leads you into all the recesses and arena of nature. It is a pursuit the best of which is forever brightened and freshened by new discovery, and which perpetually opens new vistas of curious or delightful or sublime speculation. It ranges from the contemplation of the mightiest elemental forces, through the most intricate developments of primordial law, down to the study of the minutest atoms which only the microscope sees floating in the viewless air. And yet comprehensive as it is, it has none of the coldness or barrenness of abstraction about it. You can grasp the results as with your hand. Nay as you could grasp the hand of a friend, for they are full of substantial sympathy as of thought. Its highest places are above the common reach. But all its places when honorably filled are places of honor be they high or low."

The above eloquent passage from Mr. Wallis was quoted recently by Maj. J. C. Hemphill, of Charleston, in an address before the graduating class of the Medical College of the State of North Carolina. It gives a rather roseate view of medicine, but it tells us what we can be. It is true but it is ideal, for we shall see that the medical like other professions is not without its imperfections. It is valuable to us, however, as the expression of a bright and cultivated man and it shows a clear understanding at least of the aims of our profession. Unfortunately though, a large portion of humanity is neither bright nor cultivated, and it is with this class that we have most of our dealings. Either through our fault or the fault of these people, we as a profession, are misunderstood. We have appropriated to ourselves or the public has thrust upon us a sort of

apostolic succession of mysticism. We are credited with various occult powers which we do not possess nor I think ever pretended to have, and we fail to receive credance where we speak of things we can accomplish. We are at fault with the public and we are an isolated profession.

That we are much to blame for this isolation I think is possible. There are many among us who encourage this air of mysticism and foster the idea of our being different from the common herd of humanity—Medical Pharisees who daily iterate and reiterate "Oh Lord I thank Thee that I am not as other men are."

It is this disposition on our part that has made it possible for Hemphill to say of physicians before a medical audience:

"They are generally men of good moral character, are not always on very good terms with all their professional neighbors and are governed by antiquated rules prescribed by Hipporcrates some years before the war. They hold that physicians are justly entitled to the utmost consideration and respect from the community, and that the public ought likewise to entertain a just appreciation of medical qualifications: to make a proper discrimination between true science and the assumption of ignorance and empiricism, and at the same time they cut themselves off from any communication with the public except their trade (?) journals which the public does not read and could not understand if it did. * * * They refuse to place themselves in touch with the people and do nothing practically to expose the injuries sustained by the unwary from the devices and pretences of artful empirics and imposters. * * * It is one of the rules that physicians * * are bound to bear emphatic testimony against quackery in all its forms, yet I cannot recall a single instance of where any regular physician has exposed any of the pretensions of the quacks."

This criticism is somewhat harsh, but is it unjust? Do we ever attempt to bring ourselves in touch with the public, or would we encourage the public's trying to bring themselves into touch with us? And again, are we doing our duty "as conservators of the public health" when we allow to go unchallenged and uncommented upon the various absurd and dangerous claims of the quacks and patent medicine venders? Listen to the modest declaration of one of them. "The greatest specialist of modern times, the man who has treated and cured more cases of chronic diseases than all other specialists combined, who in spite of his multitudinous practice 'gives each case his personal attention' and 'makes a thorough study of each detail.'" He says: "Twenty of the best years of my life (Lord pity the worst) have been devoted to the study of chronic diseases of men and women. I have been successful because I have been

thoroughly up-to-date and keep pace with the latest discoveries of science. Few physicians know that it is unnecessary as well as cruel to resort to the knife in treating stricture or varicocele. I have perfected a cure which is absolutely painless, gentle but thoroughly effective. I have tested it in more than ten thousand cases and my experience warrants my saying that a failure is impossible in 95 per cent. of all cases treated. I also cure with the same success all private or chronic diseases of men and women," and so on ad nauseam.

We read this tissue of lies calmly and dismiss the subject with an easy "oh well, nobody believes such nonesense." This is far from the truth. The public is on the lookout at all times for wonderful and mysterious cures and the larger the lie the more easily it is swallowed, and so long as there are no reliable parties willing and able to refute these absurd claims, the public will go on believing them. Nor is this credulity confined to the ignorant classes. Those very patients who profess great skepticism towards regular practitioners are the ones who will spend money on quacks and charlatans. A patient of mine who paid $200.00 cash for a sure cure for consumption refused to pay $10.00 for several weeks' treatment. On the other hand we have a class of patients who give even the regular physicians credit for various occult and supernatural attainments. Thus: Shortly after completing my hospital course I set up practice in a neighborhood abounding in negroes. I had opened my office only a few days when my first patient made her appearance. Sitting at my desk reading I perceived that my light was darkened by an approaching body. Hoping, yet fearing it might be a patient, I looked up to perceive a very coy and exceedingly black dame of an uncertain number of summers, ascending my stairs. She came in leisurely, leaned indolently against the door, looked over the room and its furnishings, which last was an easy process and did not take her long, and finally brought her gaze upon me in a calmly critical and contemplative stare. Not knowing exactly what else to do I returned her stare with interest. After some moments of mutual observation, if not admiration, my visitor remarked:

"Well, Ise come."

I intimated that after mature deliberation and in view of her presence I had reached the same sage conclusion myself. Then seeing that I was called on for a further display of interest in this good woman's case, I mildly asked,

"Well, what do you want?"

"You'se de doctur?" she indifferently interrogated.

"Yes—what's the matter?"

This astounding question of mine seemed to rouse my patient from her lethargy.

"Das fo' you tuh fine out," she exclaimed in tones of surprised contempt and indignation.

At this point I fear I rather forgot the importance of that suaviter in modo which one of our professors at college used to try and impress on us; for rather ungallantly I replied:

"How the devil do you expect me to find out unless you tell me something about yourself?"

"You ent no how fo tell by lookin' at a lady wha' he sicknesss is 'dout askin pussonal questions?"

I had humbly to admit my inability to do so.

"Well, yo' ent no doctur den—kase a doctur wha' is a doctur kin look een a lady eye en tell wen hurs got de fallins ob de wound."

With this parting shot my dusky interrogator sailed indigantly out leaving me very much crest-fallen but I hope a little wiser for her visit. I had forgotten another of the professor's precepts which is, "In case of doubt look wise and say nothing." I had said entirely too much.

Now though this was an ignorant negro we must not imagine that this credulity is confined to them, for many ladies of intelligence are firmly persuaded that a physician can look in a woman's eye and tell to a nicety just the degree of malposition her uterus has and whether it is an anterversion, anteflexion, retroversion or prolapse. The most astoundingly nonsensical stories pass muster if they only have a medical flavor.

One very well informed lady told me of a physician friend of hers who had removed a boy's eye, scraped it, kept it in a certain solution for a few days whereby it was restored to normal, and then replaced it in the lad's orbit with resulting perfect restoration of sight in the diseased member. She naively added that she "considered that a wonderful operation," and I could not but agree with her.

Knowing as we do of this almost pathetic credulity on the part of certain people towards the regular medical profession, the members of which who as a rule do not try to deceive them, should we not stop to think of what incalculable harm can be done and is done by pseudo-medical practitioners, quacks and charlatans who exercise the most hellish arts in working on this, to them, perfectly familiar craving of the public for something wonderful and sensational.

Shall we always keep silent when in every issue of the most prominent newspapers, Dr. Hale "Guarantees" his "utopian monthly Regulator to remove all irregularities or obstructions no matter from what cause arising?"

Dr. and Mrs. Ames state that their "Month Regulator will always remove the most obstinate suppressions from any cause in a few hours." "Do not despair" they add "as our improved painless treatment without the use of instruments or dangerous operations is *positively guaranteed* to relieve the longest and most obstinate case or money refunded."

There is probably no more widespread or more firmly founded

heresy in the minds of nine-tenths of people than that physicians can either prevent a woman's having children or supply some drug to relieve her of her burden, if perchance she has become impregnated, and working on this common belief these human vampires, these unprincipaled parasites, reap a golden harvest from the deluded humanity. Meanwhile the medical profession stands calmly by and sees this blood money flowing into the coffers of these scoundrels—sees the public victimized and itself cheated, and it has not a word to say.

Are we then in no measure responsible for this condition of affairs? Do we keep in touch with the public? Do we try to understand the public or would we be willing to have the public understand us?

Why is it that as a profession we have such a theoretical horror of appearing in the public print, and yet many of us sit up nights thinking how we can bring ourselves before this same public that we so much dread?

We assume an artificial standard of virtue and convince ourselves, and attempt to convince the public, that we are practicing medicine for the love of the profession, and for the benefit of the dear people, when as a matter of fact the large majority of us have gone into medicine to make a living. We insist on writing long essays and delivering self-laudatory addresses on the unselfishness of our life and the loftiness of our standard of living—and yet we allow to go unchallenged these blood-suckers who masquerade as doctors and claim to be a decided improvement on the regulars.

The presidents of our medical societies, many of them specialists who command fancy prices for all their work, love to wax eloquent and glow with righteous enthusiasm as they in fancy depict the country practitioners riding through snow storms, rain storms, tornadoes and earthquakes in the hours of night when the graves open and give up their dead, to see some poor patient forty-nine odd miles in the country. And they never by any accident think of mentioning the fact that the medical profession occasionally gets paid for its services. As for the country practitioner himself he recognizes that these picturesque rides are "all in the line of business" and as a rule he would prefer a good country cured ham to a eulogy.

Some of us may flush guiltily and look pleasantly embarrassed as we inwardly remark "he means that for me" just at the time where Mr. President is indulging in one of his most impassioned flights of fancy. Visions arise before us of midnight visits to old Mrs. Smith who has never paid us for our services, and in the warm glow of our sense of self-righteousness, we find it inconvenient to remember, that the fact that Mrs. Smith is known to have the longest tongue in the whole country side; that she is a cousin

of the Brewsters, who are very wealthy ; that she is President of the Guild, and Secretary of the Sewing Society ; and that she is a very desirable patient for advertising purposes, may have somewhat influenced us in our good work.

There will however always remain a few of the most honest members at these meetings who will deplore the fact that this eulogizing of our profession was not left to outsiders, and will lament the effort that these eloquent assertions that we are practicing pro bono publico will have on our collections—men who recognize the true motives of our actions and are either willing to admit them or at least refrain from praising themselves for doing their duty.

It may be pure charity that prompts Dr. Jones to accept the position of physician or surgeon to a charitable institution, and the newspaper puff connected therewith—to say nothing of the chagrin of his rival Dr. Thompson who was anxious for the appointment which may not have influenced Dr. Jones in his action—but there is certainly room for a doubt.

All in all it seems to me that we of the medical profession have gotten too much in the habit of confusing what we do simply for our own support and advancement with pure unadulterated charity, and if we could spend less time mentally patting ourselves on the back for our good deeds, and a little more in trying to eradicate the deep set evil of charlatanism and quackery, we would accomplish a great deal more good.

'Tis indeed true, and we should all rejoice that of medicine it can be said : "All its places when honorably filled are places of honor be they high or low." Still we must not imagine that all our places are honorably filled. As a class perhaps we are the most charitable of men, but we are only men after all and we possess all the frailities that are human. A degree of M. D., is not a free pass to Heaven.

Of the faults that are ours perhaps professional jealously is the most distressing. Our center of vanity is exceedingly hypertrophied and our nerve endings of sensitiveness to our brother practitioners are decidedly hyperaesthetic. We find it almost impossible to be just to one another, and yet we expect the public, who cannot be expected to form as correct an estimate of physicians as physicians can of each other, to be just to us. This must seem a little queer to the public.

There is room for change and there is need of it. We need candor and frankness in our relations to each other and to the public. The public is unable, we have said, to correctly estimate the real worth of a physician, and we would naturally turn to those in high places in our own profession expecting them to make this estimate for us.

Unfortunately we are greviously

disappointed oftentimes in our expectations. Experience has taught us that in the race between the straightforward honest young man of ability and the ordinary young man of tact who does not scruple to hold up his hand in ecstasy and cease not day and night to sing, Holy, Holy, Holy, to all the prominent physician or surgeon does or says, the laurels of victor if bestowed by the self-same prominent physician, most often will go to the flatterer.

One cannot but be surprised and disgusted to see how much absolutely unadulterated flattery our prominent men will swallow, and it has seemed to me at times that the young physician who can administer this pleasing anodyne in the largest doses is the man most apt to succeed in the medical profession. This observation is not of course confined to the medical profession.

It has always impressed me that there is too much artificiality about our professional relations to each orher—too many ethical rules which few know, fewer respect and almost nobody follows. Rules which make the honorable ones—the victims of their more unscrupulous brethren.

We are Nineteenth Century physicians nominally working under a code formulated as Mr. Hemphill puts it, by "Hippocrates some years before the war." This code is so elevating, so ennobling, and so chivalric that it seems a page from the times of the crusaders—but it isn't practical. We are Twentieth Century persons clad in the armor of the middle ages. We are incongruous and out of touch with our surroundings. And with all this high flown code we are brothers in name only, unless we are working on the theory that family feuds are always the bitterest; and by our petty bickerings and jealousies we are continually holding up to the ridicule of the public, a profession which like Cæsar's wife, should be "above reproach."

Can we wonder that the public smiles when five "expert witnesses" taken from among the prominent members of our profession are willing to swear to exactly the opposite of what five other equally "expert" witnesses, also prominent members of our profession have just affirmed.

It is well at times to know what the laity think of us, so with your permission, I shall quote still further from Hemphill. Speaking of some of our incongruities, he says: "It is professional to hang out a sign; it is unprofessional to print anything on the sign except the name of the physician. It may be that his specialty is the eye or the ear and the nose, and that he treats no ailment of any other organ. It would be for the information of the public which 'owes the utmost consideration to the profession' if the sign should advertise the sort of doctor Jones is, but it would be unprofessional for Jones to print it on his sign. It would not be unprofessional, however, for Jones' neigh-

bors to certify to the skill and success with which other opticians who are oculists also, practiced their profession or calling." In other words regular physicians can and do advertise by their approval the work of non-medical opticians while they would not do the same thing for a medical brother, and the medical brother could not use their certificates if they were given. To an outsider like Mr. Hemphill, the common sense and the discouragement to quackery in such a course does not appear.

Now I would not have my audience imagine that all the responsibility for the mutual misunderstanding between the physician and the public is to be laid at our door, for though the public is said to owe us the utmost consideration, the statement that it gives us the utmost consideration would be, to say the least, open to dispute. The demands of the public as to what a physician should be are many and varied, and the poor deluded doctor who thinks he is suiting all of his patients is doomed to many disappointments. One lady wants a cheerful encouraging physician, while another is shocked at the levity of a doctor who can smile in a sick room. Mrs. Smith likes her medical adviser to be polished and urbane while Mrs. Brown hates the society airs of the physician who suits Mrs. Smith. Mrs. Jones likes her bills monthly while Mrs. Thompson is insulted if she gets any bills at all. Mr. Johnson wonders why Dr. Brown does not call unless he is sent for' while Mrs. Simpson complains of the frequency of his visits. And then there is the ever present evil of collections, and to one who has practiced in a community where the people combine a champagne appetite with less than the price of a beer, this is the "most unkindest cut of all.

It was of one of this class of patients that an uncultivated but original patient of mine, when asked as to his financial standing said: "Well suh, I kin say this much fer him—his word's es good es his bon' but—they ain't neither one worth a durn." And yet these are the patients who cause us most of our trouble. The ones who always want you "at once" and who invariably get sick at the most inconvenient times. Of course, "I really dislike so much calling you out in the middle of the night in all the rain, but then that's a doctor's business and I was so nervous about the baby, she sneezed twice or three times before I telephoned you," an unusually considerate one might condescend to explain. Then again the matter of your selection as the family physician is entirely unsatisfactorily. Occasionally you are taken because of your ability, but more often because "mother" or "father" or "Aunt Jane" had you, or because Mrs. Brown likes the way your hair curls, or perhaps because you "spoke sweet" at the funeral of one of your recent victims, or even because Mrs. O'Hoolihan has told

your prospective patient: "An shure Misthress Johns he's a doctur as knows his business. Whin he says a body's goun to die thim moight as will sind fur th' praste, fur 'tis doi thim will shure. An no wonder, fer he knows what he guv thim." All of which rather tends to make the careless and uninformed practitioner more careless of his real obligations to the public, impressed as he must be with the fact that medical skill is at a discount, and this unfortunate condition is largely due to the lack of mutual confidence between the physician and the public.

The remedy suggested by Hemphill whom I must again quote, may not meet with approval in medical eyes but is interesting, and is not specific enough to be harmful. "The relief," he says "must come from the medical profession, not by the sacrifice of its integrity, not by the surrender of any essential feature of its plan of professional control, but by taking the public into its confidence."

This remedy is a good one no doubt but it is about as definite as was the answer of a physician when asked what he usually did for a cold. "Give medicine" was his reply.

"Take the public into our confidence," but how? We regret that Mr. Hemphill has not told us.

Some time ago a prominent medical man suggested to the younger members of our profession that they spend some of their time writing for the public papers and magazines along lines which would be of interest to the laity as well as the medical profession. This is one method of taking the public into our confidence, and I think a good one. But unfortunately the magazines have not taken to it as kindly as some of us would like.

Up to the present time the books written by medical men for the laity, which have come under my observation, have been of a wish-washy, semi-moralistic, Sunday school order. Neither flesh, fish nor fowl, too unscientific to be professionally interesting and too obscure to be of value to the public. Books that a few boys and girls of erotic tendencies have devoured in secret and which have done more harm than good. There certainly is room in this direction for improvement.

Then again it would appear advantageous in promoting a mutual understanding between ourselves and the public to do away with the semi-charitable character of our so called honorarium and let the community in which we live and try to help the living live, understand once and for all that we are working for and expect a suitable compensation for our services.

Our code of ethics, old and honorable as it is, should be modified to suit the present conditions, and the demands of the public in so far as such changes do not affect our prerogatives or lessen our influence, and with "Do unto others as you would be done by" as the corner-stone of our moral edifice and the guide of our conduct towards the public and our professional brethren, we would be in no danger of falling into disrepute either with the one or the other.

REPORT OF THE OBITUARY COMMITTEE

of the

North Carolina Medical Society, May Meeting, 1901.

IN MEMORIAM.

A. J. BATTLE.
W. T. CHEATHAM.
W. R. HOLLINGSWORTH.
GEO. L. KIRBY.
S. J. LOVE.
HUNTER McGUIRE.
S. L. MONTGOMERY.
W. O. McDOWELL.
C. J. O'HAGAN.
D. A. ROBERSON.
L. A. SAYE.
N. L. SIEVERS.
E. H. SUGG.

Charles James O'Hagan.

"Le Roi est mort! The king is dead!" I have no doubt that thought came into the minds of most of us when we heard that Dr. O'Hagan was dead. Yet none of us desire to say, "Vive le Roi!" His place in the affection and esteem of his friends and companions was unique and transcendent; it cannot be filled. And every man's heart is sorrowful at his absence from this convention.

In intellect he was a giant. His great mind was stored with the learning of the centuries and he never mistook the dross for the gold. His wit was sparkling, his sarcasm was pungent and piquant, his invective was terrible. He loved the ancient classics with their prodigal imagery and their close relationship to nature. He loved the rythmic swing of Horace, the flowing rhetoric of Cicero and the stately sweep of Homer. He loved the all embracing Shakespeare, the simple melody of Goldsmith, the stinging wit of Sheridan and the intense humanity of Burns. He loved them because he understood them and was akin to them—the divine kinship of Genius.

Perhaps the most remarkable trait in his character was supreme and unbending honesty. He was honest in thought and word and deed. He did not know how to frame his lips to speak a lie or how to distort his body to act one. His life was an open book; all the world might read it and know his every thought and deed. "*Mens sibi conscia recti*" was the one rule and standard of his life. He was never influenced in his speech or conduct by the hope of reward or fear of punishment. He hated iniquity and he loved righteousness for righteousness' sake, but not the righteousness of the Pharisees and hypocrites. For deceit and treachery, whether spoken or acted, wherever he found it, in social life, in politics or in religion, he had only unconcealed loathing and contempt. He was ever ready and bold to defend the right though the

heavens fell, and he never stopped to count the odds. Conscious of his own integrity and the grandeur of his own white soul, the spectre of Fear never came before his eyes, and not once in all his long and useful and glorious life, did he ever to any man

"*Bend the pregnant hinges of the knee*
That thrift might follow fawning."

And oh, the tenderness of his great, noble, human heart, his unselfish and unceasing devotion to his friends and his countless charities and kindnesses, wherein not even his left hand knew what his right hand did! His very presence was a benediction; his life one long benefaction.

Life is a narrow lighted space between two boundless and utter darknesses. We emerge from the one and after a little time in the light we are engulfed in the other, and no man can tell whence we came or whither we go. It is the greatest of all mysteries, the mystery of the Infinite, which the finite human mind shall never grasp or understand. We see our loved ones disappear into the darkness of the unknown and we are helpless; we can do nought but shed our unavailing tears and beat on the black, unyielding wall till we turn away with bleeding hands and quivering lips and broken hearts, for no answer cometh. We cannot penetrate the darkness, we cannot even hear the echo of our own shrieks; we cannot comprehend the Infinite. Job, the Inspired Prophet, Poet, and Philosopher, cried aloud in his supreme agony,"

"If a man die, shall he live again?"

Dr. O'Hagan loved his profession, the greatest of all professions and the only one which is continually striving to terminate the necessity for its own existence. And he died as he had always wished to die, suddenly and painlessly, and in the complete plenitude of his wonderful powers. Just a few weeks before his death, standing in his favorite attitude before the fire in his own home, he quoted to me very pathetically this passage from Thackery, about the death of Colonel Newcome:

"*At the usual evening hour the Chapel bell began to toll and Thomas Newcome's hand outside the bed feebly beat a time. And just as the last bell struck, a peculiar sweet smile shone over his face, and he lifted up his head a little and quickly said, 'Adsum,' and fell back. It was the word we used at school when names were called; and lo, he, whose heart was as that of a little child had answered to his name and stood in the presence of The Master.*"

Was that a presentiment of what was then so near him? I do not know, neither can any one tell. It belongs to the Infinite. But this I *do* know, as I know that God reigns and judges men with unfailing justice, that wherever he went when he was swallowed up in the darkness of the further wall, whether it was in Paradise or in Nirvana, or in the Euthanasia he so dear-

ly loved to talk about, or in the shining halls of the Valhalla—when the roll of the Immortals was called and the name of Charles James O'Hagan was pronounced, he arose and with that quiet dignity, that gentle grace, that superb poise of his royal head and a "Heart as that of a little child," he looked full in the face of his Lord and Master and answered, "Adsum."

B. F. RODGERS.

Mr. President and gentlemen: I cannot refrain, sir, from adding a a few words on behalf of myself individually. I enjoyed the honor of the acquaintance and friendship of Dr. O'Hagan during the last 20 years of his life, and therefore claim the privilege of paying a tribute to this noble man, as I knew and apprehended him.

I am sorry, Mr. President, that I am unable to pronounce a fitting eulogy upon the life and achievements of this truly great physician and good man. This duty belongs to an abler tongue than mine, and to opportunities more ample than I possess. The whole country accorded to him while living, the praise of genius and the still higher praise of consecrating that noble and beneficent genius to suffering humanity.

I probably knew as much of Dr. O'Hagan's personal and professional history as any man of my age now living.

He was not only a man of genius, but was a lovable man, full of personal magnetism, full of sparkling wit and humor, full of kind and tender instincts, alive to the romance that redeem life from common place and routine, and abounding in those high impulses which make their subjects benefactors, because they are enthusiasts in the pursuit of truth.

No man could be an hour with him and not feel the simplicity and fervor of this nature. The straightforwardness of purpose and intent which went into all his intercourse with others.

For nearly a half century he persued his profession with energy and devotion, which were inspiring to himself as they were beneficial to medical science, and the welfare of humanity. The selfishness of renown had no charm for him. Distinction he valued as every high-minded professional man values it, for its influence and intended usefulness.

The friendship and affection, which valued his exalted worth and appreciated the beauty of his life, would not shadow his claims to the admiration and gratitude of the world, by exaggerating them, or by saying he possessed none of the weaknesses common to human nature. He, no doubt, had his share of these.

It is known to his friends that he was sometimes fretful, impatient and intolerant about minor matters, or little crosses, and when vexed or angered did not usually attempt to conceal his displeasure. I do not refer to these things as faults, for they, like his other traits, but

go to prove that he was a man without guile or deceit, too honest to dissemble, too noble to disguise. It was evidently through his superlative qualities of character and heart and rare grace of manner combined with his irresistible personal presence, that he won the exceptional popularity he everywhere enjoyed among men and women. Not only in the higher circles of society, but in the humble walks of life. A prominent and beautiful feature of his character was the kind and sympathetic interest he always manifested in the younger members of the profession.

Although he had attained the period allotted to man, of three score years and ten, we deplore his loss, because we believe that the light of his genius had not grown dim with years.

Pardon me, gentlemen, for a little personal allusion to myself, connected with Dr. O'Hagan. From the time I began the practice of medicine up to the period of his death, he was my warm and devoted friend, and I loved him as a father. He was open and confiding to his friends. I was proud of his confidence and affection, and gave him in return, the full measure of my own. I look back now upon my association with him, as one of the providences of my life, and his death as one of the bitterest afflictions. D. T. TAYLOE.

DISCUSSION.

Dr. J. Allison Hodges.—I want to make a motion that the paper of Dr. Tayloe be incorporated with others and referred to the Committee on Publication. It gives me pleasure few of you can appreciate to have heard the tributes that have been paid to the momory of Dr. O'Hagan to-day. Never has this body met that my heart has not gone out to my friends in North Carolina, and I have never failed to remember the name of Chas. J. O'Hagan, and when I came here to-day I confess that part of my mission was to pay a simple tribute to the man who welcomed me to this Association. This meeting has been saddened to me by the absence of that distinguished man of letters and of medicine from among us. Some time ago at the Virginia Medical Association it was my privilege to make a motion that has since been carried out, that the name of a colleague of his and the memory of a colleague of his should be perpetuated in brass, one who stood high in the circle of professional education and professional attainments, and I feel it is a great pleasure to me to-day to say that we ought to do something to perpetuate the memory of this man in North Carolina who to my mind was the equal of any man I have met in medicine in recent years. It is our duty as men who love our State and profession to do something to perpetuate the name of such a man. I do hope that some of the friends of Dr. O'Hagan can show a tithe of that undying love that we felt for him and we can

perpetuate in some way the name of the man who was an honor to the South and to the profession.

Dr. R. H. Lewis.—In reponse to what Dr. Hodges has said I rise to call attention to the fact that it has already been proposed to have an oil portrait of Dr. O'Hagan presented to the State library.

Charles James O'Hagan, M. D.

The medical fraternity of North Carolina as well as the general public have sustained a loss in the death of Dr. Charles James O'Hagan which is deeply deplored.

The summons came suddenly. December 18th, 1900, as he was preparing to take his usual night's rest, there was a slight struggle, and all was over. It would seem that "God's finger touched him, and he slept." He who had so often and so tenderly ministered to the sick and suffering was mercifully spared a long and painful illness.

Dr. O'Hagan was born in Belfast, Ireland, in 1821, receiving his early education there; a part of his early life being spent in England and Scotland, he was, however, quite a young man when he determined to seek fame and fortune in the new world across the sea. Landing in New York with a small amount of this world's goods, he possessed what was better far than riches, a strong character, the perfect integrity of which gained him the confidence and respect of all classes; a fine intellect which he trained and cultivated until he became the elegant polished man of letters and of science; he was also endowed with a keen wit which could become trenchant sarcasm, but was held in check by ready humor and a genial disposition; possessing splendid health and a handsome appearance he was a man among men; a friend whose friendship was real, and much to be desired; a companion whose brilliant conversation could make dull hours speed gaily on, and in consequence his society was sought and greatly enjoyed by both men and women, for to the gentle sex he was ever a courteous gentleman of the old school.

The State has cause to cherish the memory of the man who adopted her in his youth, being led by a kindly destiny to her borders; first teaching school in the towns of Kinston, Hookerton and Greenville, where he finally located after taking up the study of medicine, and graduating with high honors from the medical college of the University of New York. He was facile princeps in his profession, being regarded as a great physician and surgeon whose splendid ability and quick discernment gave him a fine reputation, his advice being frequently sought by his professional brethren in difficult or unusual cases. His practice therefore, was not confined to Greenville and its vicinity, for he had patients all over the State, and he was universally beloved by them.

He was a distinguished surgeon in the Confederate, army having enlisted in Gen. Matt Ransom's Brigade, and he served the entire

four years sharing the dangers and privations of his comrades with conspicuous courage and bravery; ever at his post healing the sick and wounded, or comforting, as far as possible, the brave fellows who lay dying beyond the reach of earthly skill.

If ever a history of the deeds of the Confederate surgeon is penned, the devotion and self-sacrifice of Dr. O'Hagan should claim a part.

"——of the stories of valor,
The legends that pass not away,
Filling hearts and memories, and clinging
Like incense of years to the Gray."

Professional honors fell thick upon him, and had he been led by ambition alone, he doubtless would have been the recipient of political honors as well, but his greatest and most enduring fame is the record he has left of devotion to duty and love to his fellow man.

Coming to us unknown, with none to lend a helping hand, he has placed his name high in the annals of the great and good men of North Carolina, leaving thus a rich heritage for his descendants as well as his professional followers.

O joy! that in our embers
Is something that doth live;
That Nature yet remembers
What was so fugitive!

Dr. W. T. Cheatham.

Dr. William T. Cheatham, son of Isham and Jennie Wood Cheatham, was born in Granville county, N. C., April 29, 1832, and peacefully departed this life at his home, in Henderson, June 23, 1900.

He received only an academic education. But notwithstanding this, with a vigorous intellect, sharpened and polished by his own efforts and application, he stood easily abreast with the men of his day in the front ranks.

In 1856 he graduated in medicine from the Virginia Medical College. From that time to the day of his death he was a most able, faithful and successful physician. He loved his profession, and gave his life to it with a strength of devotion that is rarely equaled. He did a great deal of charity practice. He ministered to the suffering of hundreds of poor families without remuneration.

His wish, often expressed to his family, was that he might die "in the harness." God granted his desire, giving him strength to visit his patients up to within a few hours of his death. He had more than a local reputation as a physician. His brethren abroad recognized and honored his high character and ability. He filled with marked ability many positions of honor and distinction in his profession. He contributed several valuable articles to some of the leading medical journals which attracted wide attention among the profession.

He was once Vice-President of the Pan-American Medical College, a member of the American Medical Association, and of the New York Medico-Legal Society. Ten years ago he was elected President of the State Medical Society, which position he filled in a most acceptable manner.

He was an able and faithful phy-

sician, a devoted husband, a kind father, a true friend, and an ardent patriot, and above all a sincere and earnest Christian.

Dr. Geo. L. Kirby.

Dr. Geo. L. Kirby was born in the County of Sampson, near Clinton, July 11, 1834, and died of pneumonia at the State Hospital at Raleigh, February, 1901. He was educated at Clinton High School and acquired the knowledge of Civil Engineering, and assisted in the survey of the Florida Railway, also the Wilmington, Charlotte and Rutherford Railway. After this he began preparation for his life work, the practice of medicine, and graduated at the Long Island Hospital College in Brooklyn, New York, with the degree of M. D., in the Spring of 1860. He very soon thereafter went abroad and in a Medical College of Paris engaged in the further prosecution of his medical studies, that he might be more thoroughly furnished for professional work. He returned to the United States much earlier than he anticipated in consequence of the war between the States, and reached New York the day the City of Charleston was fired upon. Moved by the patriotic ardor that possessed so many of the young men of the South, he at once offered his services to the defense of the South, and entered the Confederate service at first as assistant surgeon of the Second North Carolina Regiment, and was afterwards promoted to the rank of Surgeon of said Regiment. In an engagement with the Federal army at Kelly's Ford, Virginia, he was captured and soon after his release was assigned to duty at Wytheville, Virginia, in charge of the Confederate Hospital.

In July, 1865, Dr. Kirby moved to Goldsboro, and at once began the practice of medicine.

In June, 1866, he was happily married to Miss Mary Greene, of Goldsbore, who for nearly thirty-five years was truly a help-meet to her husband, and during all these years scattered in his home and along his pathway as much sunshine as falls to the lot of men.

To this union of heart and hand were born 10 children, 8 of whom survive, and all of whom were present at his death. After very laborious and successful practice at Goldsboro, extending through a term of years reaching from 1865 to 1894, he was called to the Superintendency of the State Hospital at Raleigh, where death put an end to his honorable and useful life, consecrated to the relief of suffering humanity. Dr. Kirby was a member of the State Medical Society, having joined at Raleigh, in 1867, and for six years was a member of the State Examining Board. Such in brief are the salient points in the history of a distinguished member of this Society—he, who, in peace and in war, as a private practitioner of medicine and as Superintendent of a Hospital for the Insane of our State, for forty years dignified and made honorable his high calling. Probably no man

now living knew the subject of this memoir better than the writer. For a quarter of a century we practiced medicine in the same city, and a number of years were in copartnership, and full opportunity was thus afforded to form a proper estimate of his character as a man and his abilities as a physician. Dr. Kirby was a modest man, quiet in manner and entirely free from ostentation, and in assemblies of his brethren, made no effort to impress his personality or his knowledge of medicine, and rarely engaged in public discussions. But he was a man of more than ordinary ability, and was possessed to an unusual degree of that highest and best faculty of the brain which we commonly call judgment. Though quiet in manner, he was fired by a laudable ambition to succeed in all his undertakings, and was a very laborious, intelligent, and successful practitioner of medicine. I believe there are or have been few of our number whose lives measured up to his in its fullness, and laboriousness of continued endeavor in behalf of the afflicted. At the age of sixty he laid aside the labors and anxieties of private practice to assume, perhaps, the more delicate and more responsible position of Superintendent of the State Hospital at Raleigh. Though the dew of the morning had long dried from his locks, the fire of youth seemed again to enkindle upon the altar of his heart; and his mind seemed enthused with a new ambition to give wider scope to his reputation in his new field of labor. Bringing to this new work the fruitage of a ripened experience as physician, and a mind of a fine business training, he diligently applied himself to the study of psychiatry, and with wonderful enthusiasm was not long in attracting the attention of the State to his success as an alienist and manager of no ordinary ability. Here, as in private practice he was not content to lag behind, or be satisfied with the success attained by the multitude; but by diligent study and by observation of other hospitals, he was quick to adopt every advanced method of treatment sanctioned by his judgment, and his record in the hospital over which he presided is of more enduring form than any words I can utter, and is worthy of the ambition of any man.

Imperfect as this memoir is, it would be more so did I fail to speak of the higher inspiration of his life which was born of faith in the great physician. Dr. Kirby was a Christian. In early life he became a member of the Presbyterian Church, and for a number of years was an Elder, and lived and died in the faith and hope which its doctrines inspire in the true believer. I need say no more.

J. F. MILLER.

Edgar H. Sugg, M. D.

The subject of this sketch, the late lamented Dr. E. H. Sugg, was born in Snow Hill, N. C., on October 18th, 1867, and died at his native home on December 11th, 1900.

Dr. Sugg was prepared for college at Davis' School and fitted for his life's work, the practice of medicine and surgery, at the University of Virginia, and of the City of New York.

The deceased was admitted and licensed to follow his profession by the State Board of Examiners at the annual meeting of the Medical Convention at Elizabeth City, in 1889. Since this time and until his death, a period of eleven years, he has steadily and with merited success and profit lived the life of a country doctor.

Charitable, sympathetic and loving his work and his people, he had greatly endeared himself to his numerous patients, who, in his death, lose a friend as well as a trusty and faithful family doctor.

He was especially the friend and benefactor of the poor. Ofttimes with no price or reward other than the eternal love and gratitude of the needy, the consciousness of duty done, but the pleasure resultant from frail humanity, strengthened and relieved, he has contributed freely and gladly his time and experience and means for the purchase of necessary medicine and has thereby made for himself a a monument that will endure when his body and memorial of stone have long ago returned to their native elements.

It is with sadness that his large number of friends and associates realize their loss and truly do they sympathize with an aged father and mother in their sorrow and anguish.

AMERICUS.

Dr. D. A. Roberson.

Dr. D. A. Roberson, son of Henry P. and Lucy Beard Roberson, was born at Florence, Guilford Co., N. C., Feb. 5, 1852. He married Miss Fannie Barker, of Summerfield, N. C., with whom he lived most happily. She, two daughters and a son survive him. He attended lectures in Baltimore, where he graduated in 1884. He began practice at Friendship, afterwards moved to Guilford College, and was soon elected by the Board of Trustees as College Physician, which position he held in a most acceptable manner until the time of his death. He was an earnest student in his chosen profession, and did a good deal of post-graduate study in Baltimore and New York. After a painful illness extending over several months he died July 19, 1900.

Dr. Wm. R. Hollingsworth.

Dr. Wm. R. Hollingsworth, son of James M. and Elizabeth Hollingsworth, was born Jan. 14, 1836, in Surry County, N. C., and died May 14, 1901, at his home at Mt. Airy, N. C.

On August 15, 1865, he was united in marriage to Susan Eleanor Davis, of Stokes County, N. C., who, with three sons and three daughters, survive him.

He was attending lectures at Jefferson Medical College when the

South withdrew from the Union: he came home; was commissioned Surgeon by Governor Ellis, and during the war performed his duties under orders, in Surry and adjoining counties. After the struggle was over he returned to Jefferson Medical College, from which time-honored institution he received his diploma March, 1867.

He was devoted to his profession, and put his life into the amelioration of human suffering. As was aptly said of him, "he practiced medicine not for what he got out of it, but what he could put into it." He was true, conscientious, modest, gentle and beloved. Impelled by noblest impulses, his code of ethics was the embodiment of true politeness, honesty of purpose, and loyalty to the profession he adorned.

Dr. A. J. Battle.

Dr. A. J. Battle, was born at Wake Forest College in 1851, there he received his literary education. He was a man of sound practical judgment, modest and unassuming in manner, and loyalty itself to his friends.

Upon borrowed money he prosecuted his medical studies at the college of Physicians and Surgeons of Baltimore, graduating in 1879.

He began practice in Johnston County, where he was very successful, and his influence for good was unmistakably felt in that community.

In 1893 he moved to Wadesboro where he soon built up an appreciative practice.

In January 1900, on account of his failing health, he was persuaded to give up his work, which he reluctantly did, and spent the remainder of the winter in Florida, hoping to mitigate the symptoms of his fatal disease, which he realized could not be cured. He returned to Greensboro with his brother where he died with Bright's disease on June 19, 1900.

He was a friend to education which he proved by helping two institutions in a very substantial way.

S. J. Love.

S. J. Love, Long's Store, N. C., was born Jan. 28, 1871; joined the society 1898; died Sept. 4, 1900.

Dr. Nathaniel Shober Sievers.

Dr. Nathaniel Shober Sievers, was born in Salem, N. C., Nov. 15, 1884. He was educated at the Salem Boy's School, Nazareth Hall, Penn., and under a private tutor, until the close of 1863, when he joined the 21st N. C. Regiment and served in the Confederate army until the close of the war. He graduated in medicine from the University of Pennsylvania in 1867. The two following years he studied his profession in Berlin, Prague and Vienna, and began the practice of medicine in his native place in the autumn of 1869.

Without rest or recreation, he devoted all his energies to the ardu-

ous duties of the profession for nearly thirty years. His unwearied faithfulness was rewarded by distinguished success. Nearly four years ago his health broke down under the pressing strain. From its incipiency, he was fully aware of the nature of his disease—locomotor ataxia, and in full possession of his mental faculties he bore his fearful pains and steadily increasing helplessness, with characteristic courage and patience. Having thus endured, he was granted a happy rest Jan. 12, 1901. His age was 55 years.

Dr. Sievers possessed in a degree the qualities of a true physician. He was quiet and earnest, patient and conservative, pains taking and resourceful, reticent but positive in in his convictions, thoughtful, sympathetic and scrupulously conscientious. With a sincere love for study, he was endowed with a retentive memory, a broad, mental grasp and a remarkable faculty for analysis.

He was just without malice, generous without ostentation, a good citizen, a model husband and father, and above all a pious, humble christian. His untimely death is lamented by all who knew him.

Dr. Wm. O. McDowell.

Dr. McDowell was born at Milton, N. C., Oct. 9th, 1851, graduated at Wake Forest in 1873, took a two years course at the University of Virginia and received his degree from the University of Pennsylvania in 1875, practiced a few months in Union, N. C., and then moved to Scotland Neck, where he labored until his death, August 15, 1900.

He joined the State Society in 1883.

Dr. Samuel L. Montgomery.

Dr. Samuel L. Montgomery, son of Dr. J. H. and Mary A. Montgomery was born in Montgomery County, N. C., on August 9th, 1854, and died in Apex, N. C., October 26th, 1900.

He was educated at primary school and then at Trinity College, N. C., read medicine with Dr. W. H. Lilly, of Concord, N. C., and graduated at the Medical University of New York, was licensed by the State Board in Durham, N. C., in 1885.

He settled in Monroe, N. C., there married Miss Cora Winchester, Nov. 22, 1882, who died Oct. 11th, 1890. Dr. Montgomery then moved to Concord and formed a copartnership with Dr. Lilly, was married again June 1st, 1892 to Miss Lizzie B. Norris, who with five children survive him. His health being bad he went to Apex to rest and recuperate and died there unexpectedly. He was a member of the Methodist Church. Dr. Montgomery was a successful practitioner. He possessed strong common sense and was a good student. He was generous, true and especially kind to the poor. He enjoyed not only the respect but also the confidence of all classes.

Repeated attempts were made to secure data concerning the life and

death of other members of the Society deceased since the last meeting, but without success.

JOEL HILL, Ch'm.
JOHN C. RODMAN,
*W. T. CHEATHAM.

*Deceased, June 23, 1900.

REPORT OF THE BOARD OF CENSORS.

THE ACADEMY OF MEDICINE OF DURHAM VS. DR. R. A. MOORE.

To the Medical Society of the State of North Carolina.

GETLEMEN :—The Academy of Medicine of Durham, through a committee appointed for that purpose, have presented to your Board of Censors, certain charges and specifications against Dr. R. A. Moore of Durham, asking that this Board of Censors recommend to your honorable body that the membership of Dr. Moore, in the Society, be annulled.

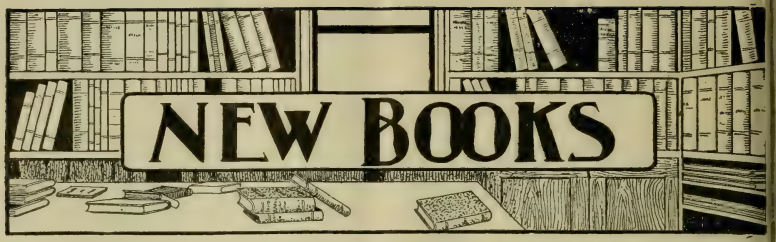
Your Board of Censors have heard the evidence in this case and beg leave to report, that it appears that Dr. Moore did become a member of the Society by virtue of a certificate of the registration issued by S. M. Holt, Clerk of the Superior Court of Chatham county, which registration was lawful, inasmuch as Dr. Moore did not practice medicine before the 1st of January, 1885, or exhibit a diploma issued before the 7th of March, 1889, and that under such registration he was not entitled to membership as provided for in Article 3, Section 2, of the Constitution.

It does appear, however, that in 1897, Dr. Moore presented himself before the Board of Medical Examiners, at which time he told the Board of Examiners that he was then satisfied that the registration was illegal, and asked for an examination from the Board of Examiners, knowing that a license from that Board would cure the error which had been made and by which he entered this Society. It does not appear that any protest was made against such examination, alleging immoral conduct, or acts prohibiting the Board of Examiners from admitting him to examination. He did appear before said Board of Examiners, was examined and licensed as attested by the certificate of said Board in the form of a regular license issued under the hands and seal of all of the members of the Board, and therefore, he is now a lawful practitioner of medicine in the State of North Carolina, and entitled to the rights and privileges accorded by the statute regulating the practice of medicine. In view of these facts, this Board of Censors find no sufficient reason to recommend that Dr. Moore's name be stricken from the roll of the Society.

All of which is respectfully submitted.

G. G. THOMAS,
M. H. FLETCHER,
R. H. SPEIGHT,
L. J. PICOT,
C. M. POOLE.

"My doctor ordered a trip to Europe for me!" "Did you follow his direction?" No. He presented his bill, and then took the trip to Europe himself."—*Washington Star.*



OPERATIVE SURGERY.

By Joseph D. Bryant, M. D., Professor of Principles and Practice of Surgery, Operative and Clinical Surgery, University and Bellevue Hospital Medical College, Visiting Surgeon to Bellevue and St. Vincent's Hospitals, etc., etc. Vol. II. Operations on Mouth, Nose, and Oesophagus, the Visceria connected with the Peritoneum, the Thorax and Neck, Scrotum and Penis, and miscellaneous operations. Cloth, octavo, pp. 563—1302. D. Appleton and Company, New York, 1901.

This volume serves well as an independent volume and exhibits in marked degree the author's thoroughness in the preparation of the work. The title page indicates the class of operations which the volume covers. Under miscellaneous operations we find psoas abscess, suture of the patella for fracture, the union of fractured long bones, nailing the head of the femur, movable bodies in joints, the frontal and maxillary sinuses, operations on the cervical sympathetic nerve, and the removal of foreign bodies from the hand. In describing an operation the surgical anatomy is studied, the indications for the operation noted, the operation described in detail from the first incision to the dressing as performed by various surgeons, a section is given to remarks, one to precautions, after treatment and results. There also accompanies each operation a photographic illustration of the instruments needed in the operation. Various methods of operating are fully discussed and illustrated.

Eichhorst's Practice of Medicine.

A Text-Book of the Practice of Medicine. By Dr. Herman Eichhorst, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and edited by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two octavo volumes of over 600 pages each; over 150 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Price per set: Cloth, $6.00 net.

All interested in internal medicine will welcome the translation of Eichhorst's Text-Book. The Germans lead the world in internal medicine, and among all Germans clinicians no name is more renowned than that of the author of this work. Dr. Eichhorst stands to-day among the most eminent authorities of the world, and his Text-Book of the Practice of Medicine is probably the most valuable work of its size on the subject. The book is a new one,

but on its publication it sprang into immediate popularity and is now one of the leading text-books in Germany. It is practically a condensed edition of the author's great work on Special Pathology Therapeutics, and it forms not only an ideal text-book for students, but a practical guide of unusual value to the practising physician. As the essential aim of the physician will always be the cure of disease, the fullest and most careful consideration has been given to treatment. The work is conveniently arranged in two volumes, fully illustrated, and the author's style is lucid and interesting. The reader experiences the satisfaction of feeling that he is having the most told him in the fewest words.

Among the Magazines.

The Literary Digest, of August 3rd gives both sides of "The Schley Inquiry" with portraits of the "members of the court of Inquiry. "Chicago seems to be in financial straits and this issue discusses the matter explaining "why." "Cuban Press on United States Assimilation" forms an interesting chapter, as does "Postal Reforms and One-Cent Postage." Under the heading of "Science and Invention" the following topics are discussed: "Will Our Population Decrease?" "Lepers in the United States;" "Globe-Circling in an Air-Ship;" "Electricity Direct from Coal;" "First Turbine Passenger-Steamer;" "Is the Hot Spell due to Variations in the Sun?" Electrical Comforts in Midsummer."

* * *

Among the full-page portraits of distinguished men of the day contained in the Magazine Number of "The Outlook" for August (the fourteenth annual Educational Number) are those of Governor Taft of the Philippines, the late John Fiske, Henryk Sienkiewicz (from a painting by a Polish artist), President Hadley, of Yale University; President Draper, of the Illinois State University; President Wheeler, of the University of California; President Northrop, of the University of Minnesota; President Remsen, of the Johns Hopkins University, and President Gilman, late of the Johns Hopkins University. ($3 a year. The Outlook Company, 287 Fourth Avenue, New York.)

* * *

The Cosmpolitan for August is as usual, rich in fiction, remarkable both for its vivid interest and its great variety. Irving Bachelor writes a refreshing story of the Canadian big timber region, and Hering's drawings catch the spirit of the scene perfectly. A. T. Quiller Couch's ("Q") pathetic little table cannot fail to enlist our sympathies with the French exile who broke his parole for love. Richard Le Gallienne tells the most charming and least known of the quaint "Old French Romances"—the love of honest squire Robin for the fair Jehane. There are also contributions from Grant Allen, Francis Willing Wharton, Phoebe Lyde, and Egerton Castle.

Distinguishes Between Medical and Legal Insanity.

A California statute requires a suspension of the proceedings in a criminal case whenever it is found pending same that the defendant is insane; that he be committed to the State insane asylum, and that the superintendent of the asylum shall send him back as soon as he becomes sane, in order that the court may proceed to trial or judgment in his case. These provisions, the Supreme Court of California says, in re Buchanan, establish nothing new in criminal procedure. They merely put in statutory form a well-known regulation of the common law — a regulation applicable to lunatics or madmen. But here was a man whose trial for murder had been suspended in compliance with these provisions, who was seeking by habeas corpus proceedings, to be sent back to have his trial proceeded with, when the officers of the asylum strongly insisted that he was not sane, and never could become so. This leads the supreme court to say not only that there is a difference, but that it is notorious that there is a difference, between the medical view of insanity and the view on which the statute is founded. And it holds that the question of sanity or insanity in such a case as this is to be determined with reference to the latter, as contradistinguished from the former view. Continuing, it says that when the rule became a part of the common law, modern views of insanity were unknown. No sort of insanity was recognized except that which manifested itself in mental deficiency or in mental derangement. A congenital idiot or a raving lunatic was understood to be insane, but in the absence of any sensible loss of memory or material impairment of the intellectual faculties a man was counted sane. If he could remember events and could reason logically, he was not within the letter or the reason of the rule which suspended proceedings against a madman or a lunatic because he was disabled by the act of God to make a just defense, if he had one. And, if he was not within the common-law rule, neither is he, the court holds, within the rule of the statute, which merely re-enacts the common law, and has no other purpose than to suspend proceedings against a defendant who is by reason of mental infirmity incapable of making his defense. So, here, it orders the man in question returned to the custody of the sheriff, that his trial may be proceeded with on the criminal charge, the evidence all showing him to be in possession of every faculty requisite to the defense of the accusation against him, his insanity being of a character which does not manifest itself in any apparent weakness of intellect or failure of memory, but may be best described as a sort of chronic and latent disease of the brain, which, under the excitement of intoxicating drink, to which he is

predisposed, will lead him to the commission of criminal acts. The court adds that, if, being found not guilty and discharged from custody, it is thought he should be put under restraint as a person dangerous to be at large, the law affords the means of having that fact adjudicated in a proper proceeding.

A PROTEST.

DR. LONG PROTESTS AGAINST THE VIOLATION OF PROFESSIONAL ETHICS.

To the Editors of the Salisbury Sun:

Dear Sirs—I was very much humiliated Monday afternoon to see in your paper an account of an operation done by myself on the day before. As you well know, since I have several times spoken to you about the matter, it is contrary to the ethics governing the medical profession for a doctor to advertise himself or his work through the newspapers. While an editorial or reportorial notice is not an advertisement in its strictest sense, yet in its results it is nothing less; and what is worse, a species of free advertisement which is repulsive to every man of good taste. That I may be thoroughly understood I will explain that the medical profession, in common with every other organization in the world, has its code of ethics, and has had since the days of old Hippocrates, the so-called Father of Medicine. The word "ethics" means the science of human duty or the principles of the right regulation of conduct. Without such ethical principles no profession, no union, no trade, no church, could exist; everything would be in confusion and every man's hand against his fellow. It naturally follows then that to observe the ethics of one's profession, or trade, or church, or whatever he belongs to, is to be ethical; and to violate these ethics, or principles of the right regulation of conduct, is to be un-ethical.

The expression or formulation of these ethical principles into rules, and grouping them together is called a "code." Now, the medical profession of America has its "American Code of Ethics," adopted by its national organization and endorsed by substantially every State, county and local medical society in the United States.

One of the prominent features of the American code of ethics is that no doctor shall advertise himself or his work through the newspapers. Nor shall he allow, what is essentially the same thing, a friend, either lay, professional, or editorial, to advertise or write him up in the papers. A doctor may not be personally responsible for such gratuitous advertising but if his name is constantly seen in the papers in connection with operations, visits to prominent people, calls out of town, the performance of delicate operations, the display of marvelous skill, etc., he is justly held in disrepute by the profession, who regard him as seeking to catch the public eye or at least winking at his friend's actions who proclaim his merits through the press.

These being the facts, the conclusion is irresistible that no doctor who possesses the proper degree of self respect and values the esteem of his colleagues will either advertise himself or allow an editor to advertise him. Hence, this protest and explanation.

In what I have said there is nothing personal except to myself, the text of this letter being a newspaper article concerning one of my own operations.

I am sure, Mr. Editors, that I shall not have to again call your attention to this matter since I find you to be not only sagacious editors but gentlemen with a high sense of honor.

About two years ago the leading daily paper in the State contained the writer's name so often in connection with his work that he addressed a courteous note to the editor asking him to discontinue such notices, complimentary and kindly-meant tho they were. Not a notice has appeared in that paper since.

Let me say in concluding this already too long article, that the idea in the medical profession touching advertising is that the physician should not seek the public but that if he possesses sufficient merit the public will seek him. The charlatan and street fakir advertises, the true physician does not.

With kind personal regards I beg to remain,

Very truly yours, &c.,
J. W. LONG, M. D.
Salisbury, N. C.

Shall Physicians Prescribe Proprietary Remedies?

The modern tendency of the practice of medicine is to specialism. A minute and intimate study of detail is not possible with the general worker in any department. The simple limitation of time alone prevents it. Life—as the saying goes—is too short. This same tendency, which has done more than any other one factor to advance the art of medicine to the true standing of a science, is also apparent in every important interest about us. "Attention to detail," said Wellington, "gained the battle of Waterloo." So, specialism, by concentration of thought and purpose, has given power to the world through the perfection of varied commercial products. By unremitting study and research, by constant application, the persistent delver in any one line discovers refinements of manipulation not observed by the casual worker, no matter what may be the general skill of the latter. As this fact is recognized when once attention is directed to it, it seems remarkable that certain physicians should take exception to a proprietary preparation—simply because it is such—without regard to merit. Often, in fact, carelessly classing such preparations with patented, secret nostrums offered as universal cure-alls. It would seem that there is engendered in the minds of some an antagonistic spirit against any preparation commercially presented, as if the underlying impetus

was undignified and of some ulterior motive unworthy of scientific recognition. So biased are some practitioners that they construe it as unethical to prescribe anything that has not been prepared from their own prescription, or that has not been made by their neighboring pharmacist. Yet this class will adopt the ideas and the representations of others, and will presuppose some local talent more competent to concoct an extempore combination that is "just as good," as that which has been perfected only after great expenditure of time and money, and which is maintained supreme in spite of open competition. They are also equally ready to condemn the true because their false attempts at substitution prove inert and impotent.

No intelligent physician or pharmacist will deny that there are innumerable preparations in daily use, and popularly recommended and prescribed from every drug store, that are better prepared under special facilities of manufacture than are practicable in the ordinary laboratory. Bicarbonate of Soda, Rochelle Salt, Ether, Fluid Extract of Ergot, Quinine and many other substances are best prepared by those who have especially fitted machinery for such processes of manufacture. But the result is not uniform with all chemical processes nor in all special laboratories. Tincture of iron is one of the more ordinary preparations of the Pharmacopœia, yet how many educated pharmacists can prepare it so it will be uniform with a standard? Indeed the day of home-made pharmaceuticals has passed. The array of bottles of macerating drugs in the cellars of drug stores long since gave place to the more speedy and more scientific method of percolation, but the advent of the manufacturing pharmacist has superceded this with more uniform preparations. Yet different manufacturers, under the same manipulation and using similar appliances, turn out products of varying quality and differing from their competitors who are presumably possessed of like general ability. So, throughout a vast quantity of substances of economic use, the resultant wish would be, among experts, for only the product of a certain manufacture. It is a law of nature that the fittest shall survive.

If this view of the question be correct, why should it be presumed —as is at times asserted—that so subtle a preparation as Wine of Coca may be extemporaneously made that will equal the skillfully prepared product made with all the advantages and resources of the establishment of Mariani, of Paris, France? Here is a laboratory exclusively devoted to the production of Coca preparations. This chemist has devoted nearly half a century to the perfection of the famous tonic wine which rightly bears his name. While Vin Mariani is a proprietary preparation, it is in no sense a secret remedy, but is prepared after the French cordex to present the force giving

qualities of Coca, with the mild tonic of a wholesome wine. In this form it is generally admitted to represent not only the true properties of Coca, but to be the most available form for administration of that substance. The research which devised this unique combination, the money expended in experimentation leading to its perfection, the constant care in selection of appropriate Coca leaves and the choice of a suitable wine—both of which are watched by experts during their development—the immense pecuniary outlay in processes of manufacture and in distribution, can only be adequately repaid through the success following the general acceptance of a worthy product. That extreme care has brought perfection followed by success, entitles its originator to reap the full benefit accruing from the commercial distinction which has made the name Mariani synonymous with Coca. That Vin Mariani is conscientiously prepared, that it is introduced to the medical profession in an ethical way, that it has stood not alone the mere test of time but is constantly increasing its sphere of usefulness, that its advocacy has steadfastly sustained interest in the parent plant when sensational assertions have led some to doubt the efficacy of Coca, are but incidental yet potent reasons why its support as endorsed by hundreds of thousands of physicians throughout the world is not only scientifically correct but purely as ethical as is the use of any other pharmaceutical preparation. Vin Mariani as a reliable adjuvant in the time of need to support the patient, with or without other remedial measures, should not only be considered a welcome boon but should be championed by every conscientious physician who believes that worth makes might, while all such will equally agree that substitution is an affront which should excite personal condemnation.

. Beautiful Surroundings.

"Do you think it will take, doctor?" asked the fair young bud who was being vaccinated.

"Well," replied the gallant doctor, "if it doesn't take on such a pretty arm as that, I'll have no respect for vaccine hereafter."—*Med. Council.*

A medical student was asked to take a Sunday-school class. He got on very well with the questioning, but when it came to imparting knowledge he was a little lacking. He managed Abraham, Isaac and Jacob very well, but when he explained that Esau was a man that sold his after-birth for a bottle of potash the vicar hinted that it was time he was home and his tea.

Doctor—"There's nothing serious the matter with Patsy, Mrs. Mulcahey. I think a little soap and water will do him as much good as anything.

Mrs. Mulcahey—"Yis, docther; an' tell me, will Oi give it t' him befoor or after his males?

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PARVULES

The term Parvule, from *Parvum* (small), is applied to a class of remedies (Warner & Co.'s) in the form of minute pills, containing minimum doses for frequent repetition in cases of children and adults. It is claimed by some practitioners that small doses, given at short intervals, exert a more salutary effect. Sidney Ringer, M. D., in his work on Therapeutics, sustains this theory in a great variety of cases.

20 cents per 100 for any of these formulae.

PARVULES OF CALOMEL, 1-20.

[WARNER & CO.]

Med. Prop.—Alterative, Purgative.

Dose—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain) produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause; and sickness of the stomach does not usually follow.

PARVULES OF CALOMEL AND IPECAC.

[WARNER & CO.]

R. Calomel, 1-10 gr. Ipecac, 1-10 gr.

Med. Prop.—Alterative, Purgative.

Dose—1 to 2 every hour. Two Parvules of Calomel and Ipecac, taken every hour, until five or six doses are administered (which will comprise but a grain of Calomel), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause: sickness of the stomach does not usually follow.

PARVULES OF ALOIN, 1-10.

[WARNER & CO.]

Med. Prop.—A most desirable Cathartic.

The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one to two every evening at and about the expected time.

Dose—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt and ample cathartic effect, unattended with nausea, and in all respects furnishing the most aperient and cathartic preparation in use. For habitual constipation they replace when taken in single Parvules the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

PARVULES OF PODOPHYLLIN, 1-40.

[WARNER & CO.]

Med. Prop.—Cathartic Cholagogue.

Two Parvules of Podophyllin, administered three times a day, will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

PARVULES OF ARSENIT: POTASH, 1-100.

[WARNER & CO.]

This Parvule will be of great use to Physicians, as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

PARVULES OF CORROSIVE SUBLIMATE, 1-100.

[WARNER & CO.]

Dr. Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the Treatment of Diarrhœa, whether the stools contain blood or not.

PARVULES OF NUX VOMICA, 1-50.

[WARNER & CO.]

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric functions.

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Obituary Notes.

Dr. Robert Barnwell Rhett died in Charleston on July 8th. He was born in Charleston a little less than 47 years ago. He was the son of the Hon. R. B. Rhett, formerly of South Carolina, but now living in Huntsville, Ala. After receiving the rudiments of a good education in the public schools of Charleston, he was sent to the Virginia Military Academy and graduated from that institution with honors. Returning to this city he entered the Medical College of the State of South Carolina and graduated at the head of a splendid class in 1879.

As an indication of the esteem in which Dr. Rhett was held in the profession, he was elected president of the Charleston Medical Society and occupied that position up to the day of his death. He was a prominent member of the Southern Gynaecological Association and was the official surgeon of the Southern Railway and Plant System at this point.

Dr. Rhett leaves a widow and seven children.

Dr. Henry Buckingham Horlebeck, of Charleston, S. C., died in that city on August 2d, following an apoplectic attack from which he suffered in the spring, soon after his return from Havana where he had been attending the Pan-American Medical Congress. He served as surgeon in the Confederate Army during the Civil War, and for twenty-years had been health officer of Charleston.

A Corrector of Iodism.—Dr. W. H. Morse reports (Southern Clinic for May) success in the use of Bromidia, which he says has proved corrigental of Iodia. Discussing his results he says: Vomiting is so frequent and troublesome a symptom, in many diseases besides irritation and inflammation of the stomach, as to demand much practical attention from the physician. So, although the causes are so various, and although we are actually treating a symptom, for this symptom Bromidia is remarkably effectual. We have all employed the remedy for colic and hysteria, two disorders where nausea and vomiting are as pronounced as they are persistent, and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the nausea and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order.

University College of Medicine.—In endeavoring to raise the standard of medical education, this institution has always maintained an optional four years course, even before the establishment two years ago of the compulsory four year system.

The first regular four year class which will graduate the coming session will necessarily be small, and will offer unusual opportunities to the student for personal clinical work.

I BELIEVE ALETRIS CORDIAL to be a great remedy for the various uterine diseases. It acts, as an alterative and tonic, far in excess of any remedy I have ever used. I used it on a patient with congestion of the ovaries, with happy results; also on a patient with dysmennorhea, with good results. Aletris Cordial is certainly a fine uterine alterative and tonic, and fills the missing link in therapeutrical agents in the treatment of uterine troubles.—*W. T. Wilson, M. D., Bunker Hill, Ind.*

Yellow-Fever Culex: "Anopheles, have you sent your bill into Jones yet?

J. Malarius Anopheles: "No, he has only received my note."—*Life.*

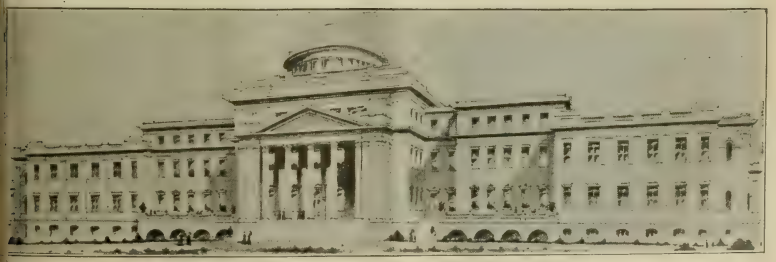
To Avoid Prickley Heat.

A writer in the Indian Medical Record tells how they avoid prickly heat in certain parts of India. This is done by simply anointing the body with cocoanut oil. Prickly heat, the writer contends, comes from removing the natural sebaceous secretion; therefore preserve nature's protective coat by abandoning the use of soap, and reenforce it by some lubricant such as the one recommended.

Stout Gent: "Well, sir, I'm a self-made man. I began life as a barefooted boy."

Thin Gent: "Well, as far as I can make out, I wasn't born with shoes on, either."—*Moonshine.*

Presbyterian College for Women.... Charlotte, N. C.



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SANMETTO IN ENURESIS.—I used Sanmetto in a case of a young miss, thirteen years of age, who was becoming a regular "wet the bed." I had tried all the usual remedies, but failed to make a cure, so I tried Sanmetto and the result was a perfect cure, as she has not been troubled since the first treatment with Sanmetto, and I inquired today, and was informed that she had attended school, traveled two hundred and fifty miles, losing two nights sleep, but not once has the trouble returned; therefore, I call it a cure in every sense of the word, and another triumph for Sanmetto. I can say that in over forty-six years practice I have never found a medicine that is as near a specific for the purposes intended as Sanmetto.—*Wm. H. Anderson, Soda Springs, Idoho.*

Hagee's Cordial of Cod Liver Oil Compound is one of the most popular cod liver oil preparations on the market. All the nutritive properties of the oil are retained, and the digusting and nauseating elements are eliminated. It offers to the profession a reconstructive of great value. It is easily digested and assimilated, and as a builder it has not an equal.—*International Journal of Surgery.*

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If you are interested in a college like this, write to the President, Rev. C. B. King. Our catalogue will give to both parents and prospective pupil just the sort of information they desire, before going away to school, whether you should attend our school or some other.

PHENACETIN PATENT SUSTAINED.—The Farbenfabriken of Elberfield Co., who began a suit some three years ago against Conrad D. Maurer for infringement of their patent on Phenacetin, have had a decision in their favor, rendered by Hon. John B. McPherson, Judge United States Circuit Court, Eastern District of Pennsylvania. The case has been vigorously contested, and every defense, technical and legal, which the skill of eminent experts in counsel could find or conceive has been raised in behalf of the defendant. Owing to the great popularity enjoyed by this remedy, the decision of the court has been looked for with very great interest. The plaintiffs announce their intention to strictly enforce their rights not only for their own protection, but for that of the medcal profession at large. This applies not only to Phenacetin, but to other of their popular remedies —Aristol Sulfonal, Trionol, etc.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—The next annual meeting of this associatian, under the Presidency of Dr. A. H. Cordier, of Kansas City, bids fair to eclipse all previous ones in attendance as well as scientific merit.

Put-in-Bay is an ideal place of meeting, the Hotel Victory a magnificent meeting site.

The address in Medicine will be made by Dr. Frank Billings, of Chicago; the address in Surgery by Dr. Reginald Sayre, of New York City.

According to the latest governmental statistics, each physician in the United States has 655 persons to look to for his support.

Fire recently destroyed the building of the College of Physicians and Surgeons, Chicago.

University of Pennsylvania

Department of Medicine.

The 136th Annual Session will begin Tuesday, October 1, 1901, at 12 M., and will end at Commencement, the second Wednesday in June.

The Curriculum is graded, and attendance upon four annual sessions is required.

Practical Instruction, including laboratory work, in Chemistry, Histology, Osteology, Bacteriology, Physiology and Pathology, with bedside instruction in Medicine, Surgery, Gynæcology and Obstetrics, is a part of the regular course, and without additional expense.

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REPORT OF A CASE IN WHICH A SCARF PIN WAS SWALLOWED AND PASSED PER RECTUM ON THE SEVENTH DAY.—Edgar A. Vander Veer reports the case of a man who held a scarfpin in his mouth, laughed slightly, and sucked the pin into his throat. At first the pin gave great pain, but after a few minutes it seemed to disappear and the patient could swallow easily. An x-ray photograph of the chest aud abdominal cavity showed no trace of the foreign body. The patient was kept under observation and put on a constipationg diet, in order to encrust the pin with fæces. His bowels moved every day. On the seventh day he was given a half-grain dose of calomel, and two hours later had a movement of the bowels, when the pin was passed, embedded in the fæces.—*Albany Medical Annals.*

Iodin in the Blood.

It was demonstrated last year by Messrs. Gley and Bourcet, says the Revue Sclentifigue, that the blood contains normally traces of iodin. Since then Bourcet and Stassand have been investigating the matter further, to discover whether the leucocytes (white blood corpuscles) are not the elements that contain this substance. The results obtained by them show that the iodin contained in the blood exists exclusively in the leucocytes.—*Translation made for The Literary Digest.*

The plague has reappeared in Honolulu.

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CACTINA PILLETS

Will nurse the heart in the treatment of febrile, nervous and chronic diseases.

A tried and efficient remedy in functional heart troubles.

Dose.—One or two Pillets three times a day.

Samples mailed to Physicians.

SENG

Stimulates the flow of the digestive fluids and encourages natural digestion; thus promoting assimilation and nutrition.

Dose.—A teaspoonful before meals, the dose before breakfast preferably in hot water.

Sample to Physicians who will pay express charges.

SULTAN DRUG CO. ST. LOUIS.

An investigation of the Baltimore Hospitals has been undertaken by the Mayor of the city, on account of the case of a man who died in jail of alcoholism after admission at a number of hospitals, including Bayview Asylum, the city institution for poor people, had been refused to him. The man was found in the street acting as though insane, and suffering from a cut over one eye, having been knocked down by a wagon. He was taken to the Baltimore University Hospital, but the officials there refused to allow him to remain. The patrol wagon then carried him to St. Joseph's Hospital, where admittance was also refused to him. The City Hospital would not receive him because, it is stated, the institution was full. Johns Hopkins Hospital also refused to take him. Two hours after the man was taken to jail he died.

Mr. Hugo Jones, a chemist of Chicago, claims to have discovered a method of obtaining electricity direct from the combustion of coal.

"Paraldehyd" possesses many of the good without the evil qualities of chloral. Used in insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyd, which is an elegant preparation.

Yellow Fever practically does not exist in Cuba.

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The Most Active and Reliable Combatant in Uterine Disorders.

EXTRACT FROM CLINICAL REPORT BY E. ALFRED MALLETTE, M. D., PHILADELPHIA, PA.

I have used a number of remedies for the cure of Amenorrhœa Dysmenorrhœa, and the kindred ailments to which the female is subject, and have found in ERGOAPIOL (Smith) the most reliable and active combatant in Uterine disorders. After using it in my practice the past two years, I find it acts promptly upon the mucous membrane in delayed Menstruation, in allaying inflammation and in dispelling pain. It acts very favorably upon the Ovarian tract. A few cases in my own practice are here cited.

CASE No. 1.—Miss T., aged 22: Never having menstruated, although having full developed organs of puberty for seven years previous; found, upon examination, the uterine organs normal, no imperforate hymen. Had been operated upon for Otorrhœa two years previous, which resulted in complete deafness. I prescribed Ergoapiol (Smith), two capsules three times a day for ten days, when a scanty menstruation appeared; continued for three months with Ergoapiol (Smith), four days before the menstrual period was due, when normal conditions resulted.

CASE No. 2.—Miss D., age 23: Having Dysmenorrhœa and Menorrhagia at frequent intervals, was placed on Ergoapiol (Smith), giving six capsules daily for five days, when pain ceased; with three months' treatment normal menstruations were established, with no hemorrhages appearing between the periods.

CASE No. 3.—Mrs. H., age 23: Was left in a very anæmic condition following miscarriage, when Amenorrhœa followed, and was delayed for two periods. I prescribed Ergoapiol (Smith), one capsule three times a day, when normal menstruation returned, and weak system built up with no after-results.

CASE No. 4.—Mrs. B., age 43: Was referred to me having irregular menstruations two or three times a month. Ovarian pains constantly, profuse and purulent Leucorrhœa. I had about decided to curette, when the condition of the heart dissuaded me, and resolved to use Ergoapiol (Smith) in large doses, when a profuse hemorrhage for seven days followed, evacuating large blood clots, relieving the patient to normal condition with no after-effect, and with subsequent treatment was restored to good health.

CASE No. 5.—Miss B., age 16: Had commenced her menstrual period at the age of 12 years. Was in normal condition for three years,

when she was attacked with Typhoid Fever, having no menstruations for three months. Being in a very anæmic condition, heart action was very poor, after prescribing tonics, I placed her on Ergoapiol (Smith), in small doses, one capsule three times a day, when in two months the regular periods were established without further complications.

CASE NO. 6.—Miss T.: Had normal menstruations since fifteen years of age. Became in a very anæmic condition through hard work and poor nourishment, etc., and passed her menstrual period for ten days. Prescribed Ergoapiol (Smith) until ten capsules were taken, when menstruation appeared, but with Dysmenorrhœa. On following the treatment for three successive months, the normal conditions were revived, no further trouble ensuing.

The Early Diagnosis of Locomotor Ataxia.

The poor results derived from the treatment of tabes is often due to the fact that an early diagnosis has not been made or that patients do not apply for treatment in the early stages of the disease. Erb (Med. Wochenschr.) details a series of cases which had all been preceded by symptoms of secondary syphilis, some as far back as twenty-four years. In one group of cases the tendon reflexes were normal even after four to seven years' duration of slight lancinating pain, bladder insufficiency, sensory disturbances, easy fatigue, slight pupillary sign and "Rhomberg's Symptom." A second group presented no subjective symptoms whatever, and but very few and almost unnoticeable objective symptoms. Still another group was attended by marked gastro-intestinal disturbances, not typical of tabes, and with bilateral paresis of the sixth nerve and pupil sign. Author insists on the necessity of always investigating the knee-jerk and pupil reflex in suspected cases. Tabetic symptoms with an antecedent syphilis are always serious. Absence of a syphilitic history does not establish the existence of tables, even though some symptoms may exist. For the pains in tables dorsalis, Antikamnia & Salol Tablets have been found most excellent when given in doses of two tablets every two or three hours. The antikamnia acts particularly upon the spinal cord and its sensory tracts, and consequently takes the place of opium and its alkaloids so often used to relieve patients subject to these attacks. The favorable effect of salol in this and similar conditions is well known.

Fifty thousand dollars will be donated by G. F. Peabody for the building and furnishing of an operating-room in the Long Island College Hospital as a memorial to the late Dr. A. J. C. Skene.

A decree has just been issued making vaccination compulsory throughout Cuba.

Acute Intussusception in an Infant.

A previously healthy child of three months was taken suddenly, about 10 o'clock, screaming with cyanosis of lips and mucous membranes. There had been no bowel movement that morning. A few moments after onset of attack she began to gag and attempted to vomit. This she succeeded in doing after about an hour, followed every ten or fifteen minutes with a vomitus of yellow mucus. A physician was summoned, but before his arrival the mother attempted to move the bowels with an enema, and also gave a dose of castor oil which was not retained. On the doctor's arrival the following conditions were observed. Well nourished child of normal development; generally cyanotic in appearance, which was increased during attacks of vomiting which occurred every ten or fifteen minutes; pulse rapid and weak; temperature subnormal; abdomen slightly distended and recti muscles tense; tumor mass detected in ileocecal region about nine centimeters in length and five in width. Intussusception being suspected an injection of gas was made per rectum with no result. One hour later, or three hours after onset of attack, blood and mucus were passed per rectum. A high rectal enema failed to reduce tumor. Seven hours after onset of attack incision was made over sight of tumor revealing an invagination of fifteen centimeters of ileum with a

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GLYCO-THYMOLINE

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ALKALINE, ALTERATIVE

INDICATED IN TREATMENT OF

Summer Complaints

Dr.——Reports following case:

DYSENTERY. PATIENT, 16 MONTHS OLD, TOOK TO VOMITING AND RUNNING OFF AT BOWELS, SIX DAYS BEFORE I WAS SUMMONED. WHEN I REACHED THERE, FOUND THE PATIENT PASSING FOUL AND BLOODY DISCHARGES. IMMEDIATELY PUT PATIENT ON GLYCO-THYMOLINE AND LIQUOR BISMUTH, EQUAL PARTS, TEASPOONFUL EVERY TWO HOURS; JUST AFTER THE SECOND DOSE WAS GIVEN, I COULD SEE A MARKED CHANGE. PATIENT IMPROVED FAST, AND IN ABOUT THREE DAYS HAD COMPLETELY RECOVERED.

OTHER SIMILAR CASES TREATED WITH GLYCO-THYMOLINE, GAVE ME EQUALLY GOOD RESULTS.

Dr.——Reports following case:

GASTRO-ENTERITIS, WHERE THERE WAS CONSTANT VOMITING. CHILD, TWELVE MONTHS OLD; GAVE ONE-HALF TEASPOONFUL GLYCO-THYMOLINE IN HOT WATER, EVERY HOUR UNTIL FIVE DOSES WERE TAKEN, ALSO USED ENEMA OF GLYCO-THYMOLINE ONE TABLESPOONFUL IN FOUR OUNCES OF WATER. THIS TREATMENT GAVE PROMPT RELIEF AND I BELIEVE SAVED THE CHILD'S LIFE.

Samples on application

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portion of the cecum into the large bowel. This was easily reduced, there being no adhesions and the invaginated bowel being only slightly hyperemic. The wound was closed with interrupted catgut sutures and the skin with horsehair, and the child made an uneventful recovery. Patient remained well for three and a half months with daily bowel action, when there was another sudden attack with similar symptoms as before. Operation ten hours later, incision through former cicatrix. The child was in more serious condition and the invaginated bowel was blue and edematous, dense adhesions had formed and only after repeated and patient effort was reduction accomplished. An unsuccessful effort at reduction was made by inverting the child and inflating the bowl with air. The inflation took place up to the intussusception but did not extend beyond it. The appendix had become incarcerated in the mass and had become partially gangrenous, so it was removed. Three stitches of fine cutgut were placed in the wall of the ileum and cecum, near their junction, in such a way as to make almost a right angle, with the hope of prevanting a future recurrence. Patient was in very critical condition until the bowels moved the next morning, after which she went on to recovery. There has been no recurrence for a year.—*Doane, Medicine.*

Perineal Lacertions.

Montgomery (Talks to General Practitioners, Int. Med. Mag.) em-

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HYPNOTIC, SEDATIVE ANODYNE

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Indications: Sleeplessness, Irritability, Nervousness, Headache, Colic, Etc.

In doses of 45 grains, it calms restlessness and insomnia, and procures unbroken sleep of from four to seven hours duration, leaving behind neither languor, nausea, nor digestive disorders. It is proposed as possessing the good without the evil qualities of Chloral.

Our Elixir contains 45 grains of the Paraldehyd in each fluid ounce, dissolved in an aromatic menstruum whereby the objectionable taste of the chemical is to great extent disguised, and the preparation rendered palatable.

DOSE—10 per cent. 2 to 8 fluid drachms. Pt. Bot. $1.50.

N. B.—We also make 25 per cent. strength.

PRICE PER PINT, $2.00.

phasises the importance of immediate repair of lacerations of the perineum. This accident, with the most careful precaution, is not always avoidable. Among the maternal conditions that may cause it are an over-straight or over-curved sacrum, in which the rotation, flexion and distention of the fetal head are disturbed; a large justo-major pelvis which permits the fetal head to pass the outlet with insufficient molding, exposing the soft tissues to a greater diameter; a small vulva; a long perineum; rigid muscles and a large adipose deposit. Fetal conditions are disproportionate size of the head and shoulders, a large unyielding head malformations, malpositions which expose the vulva to a greater diameter, as in occipito-posterior, face and brow positions. In order to subject the patient to least danger of its occurrence labor must be neither too rapid or too slow. The former affords no time for molding the head of the fetus nor for dilation of the tissues of the mother. A prolonged labor interferes with the circulation in the maternal tissues, results in thickening and edema, which increases the resistance of the parts and renders laceration a certainty. The preservation of the membranes until the outlet and even the perineum can be distended thereby is of value. Violent and persistent pains in the last stage can be controlled by an anesthetic, bromide of ethyl being most satisfactory.

The progress of the fetal head should be carefully watched. Support of the perineum, which consists in its pressure between the hand of the operator and the advancing head, should be carefully avoided, as the perineum becomes bruised, which increases the danger of laceration. A favorable opportunity should be secured to pass one or two fingers into the rectum over the chin of the child, and thus hold it against the outlet. This is best accomplished with the patient lying upon her left side, the operator sitting behind her, when, at the summit of the pain, he thus secures control of the head through the rectum with the fingers of the right hand, while the fingers of the left hand passed between the limbs of the patient are employed in facilitating the passage of the head through

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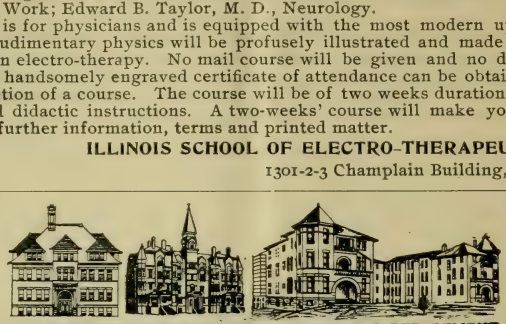

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the vulva, keeping smooth the scalp, pushing back the anterior tissues and assisting in rotating the head, when a more favorable diameter can thus be secured. The thumb of the right hand can readily hold back the head from the tense margin of the perineum and with the other two fingers control its progress. This manipulation is best accomplished between pains Frequently the rotation of the head so that the nose and chin do not strike the center of the perineum will be of service. The danger of laceration is not always terminated with the delivery of the head, but care must be exercised in the delivery of the shoulders.

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EDITORIAL.

THE AIMS, THE ASPIRATIONS AND THE ETHICS OF THE MEDICAL PROFESSION.

We consider the following concluding remarks of Dr. Bagot Ferguson, in the Presidential address before the British Medical Association (Med. News) worthy of reproduction in our editorial pages. "And now for a few concluding words about the aims, the aspirations and the ethics of the profession.

After a long and expensive education, after knowledge acquired laboriously and at great personal risk (the clergyman's death-rate is 16 per 1,000, the lawyer's 20, and the doctor's 25) the medical man must not hold himself too cheaply. He is the heir of a long tradition, originating from the sages of India and from the temples of Greece. Our health and happiness are in his hands and the issues of life and death tremble often upon his judgment. So he must bear himself with confidence and proper pride, remembering his great traditions and the antiquity of his calling, which ranks next to that of priest. He is worthy of his hire, and that hire should be such that in the day of his popularity he may make due provision for his age and retirement and for those whom he will leave behind him. He must work hard and read and think all the days of his practising, for the best practice of to-day will not be that of even five years hence. His aspirations must be for the very best in each department of practice, for the progressive advancement of his

art, and for the increased dignity and consideration of his calling.

Above all, let him be chary of any commerce with the enemies of science. *Magna est Scientia et prævalebit.* None the less serious is his responsibility who, knowing its benefits, yet retards its progress, or who ignorantly would deny to others what he is insufficiently instructed to understand for himself. Beware of panaceas. There are none in truth, though the workship of Panacea was not confined to Ancient Greece, and is as reprehensible in the cold clear light of twentieth-century science as is the equivalent assumption by too many specialist omniscience.

The wise practitioner will strengthen his position as he will certainly increases his knowledge by somewhat frequent consultations, and he will do well if, like Hunter and Jenner, he cultivates some extraneous intellectual interest to relax occasionally the stress of his anxious labors. I venture to think that nothing will do him more good than the pursuit of one or other of the arts, or of some branches of biological or physical distraction, be it zoology or botany, electricity or telescopy. The wise practitioner, moreover, will confine his studies within certain limits if he wishes to attain to a thorough knowledge of even some portions of his great subject. He cannot be a universal specialist. The good and worthy practitioner will never be wanting in sympathy. Too often there is physical pain to be relieved, and, thank God, it can be relieved; though at other times the sufferings will be nervous rather than physical; and these are the occasions when sympathy and patience are most needed, though it is not always easy to show the first and to retain the last in the interest of some nervous sufferer on a cold wet night at 3 a. m.! In respect of medical ethics the case is very simple. Treat and think and speak of your brother practitioners as you would wish them to treat, and think, and speak of you. Medical ethics are, indeed, so completely summed up in this single sentence as to make it quite unnecessary for me to say more. With high aims and aspirations, with true ethical, that is to say, brotherly feeling, and with constant consideration for the public weal, we shall each and all be worthy of the well-known description in Chaucer, and be "veray parfit practisours."

A MOVE FORWARD IN TENNESSEE.

An Important Law.

An Act to prevent the substitution of any drug in filling physicians' prescriptions by druggists in the State.

Section 1. Be it enacted by the General Assembly of the State of Tennessee, That it shall be unlawful for any corporation, firm or person, or any combination or association of corporations, firms or persons engaged in the business of buying, compounding and selling drugs and medicines, to substitute any drug or

medicine in lieu or instead of that given to the patient by the physician on the face of his prescription.

SEC. 2. Be it further enacted, That it shall be unlawful for any agent or employe of such person, firm or corporation or association or combination of persons, firm or corporations engaged in the business of buying and selling drugs in this State, to substitute any medicine for the specific medicine mentioned in the physician's prescription.

SEC. 3. Be it further enacted, That any person, firm or corporation violating the provisions of this act, or aiding or abetting the violations of the same, shall be guilty of a misdemeanor, and upon conviction shall be fined not less than $25 nor more than $100 for each and every offense.

SEC. 4. Be it further enacted, That this act take effect from and after its passage, the public welfare requiring it.

The above is a copy of a bill passed by the last legislature in Tennessee, and we commend it to all careful physicians, as we believe it to be a move in the right direction since it protects the doctor, his patient and the honorable druggist. The Med. Record, August 24th, in an editorial says: * * "Generally speaking the physician is the one to suffer the most, as his disappointed client is apt to leave him for another. How many lost patients can be accounted for in this way it would be difficut to imagine. * * The man who substitutes once will do so again. He has no conscience to begin with, and nothing in fact to which an appeal can be made."

When the physician becomes as careful of his tools as the carpenter or cabinet maker, there will not be much substitution. The doctors are careless; think their duty ends with writing the prescription; that is why so many physicians are street car conductors, motormen, etc. What is necessary, is for the doctor to take the trouble to see if his prescription is filled as written; if not, quit that druggist at once and for all. There are thousands of druggists who would no more think of substituting than of passing a counterfeit bill. Let the doctors patronize these. Just so long as the doctor will submit, just so long will substitution continue.

To Dr. Deering J. Roberts, of Nashville, belongs the credit of writing this bill and securing its passage.

An official report made by United States Consul Berlinger, states that there are about 200 lepers on the Island of Tereniffe, one of the Canaries

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The Governor has made the following appointment for the State Board of Health of North Carolina: Dr. Richard H. Lewis, Raleigh; Dr. Francis Duffy, New Berne; Dr. George H. Thomas, Wilmington; and Dr. W. P. Ivey, Lenoir.

The Carolina Medical Journal.

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Illustrations necessary to elucidate the text will be provided without expense to authors when suitable ink drawings or photographs are furnished.

Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

ORIGINAL COMMUNICATIONS.

BERIBERI.

By GIDEON M. VAN POOLE, M. D., 1st Ass't Surgeon, U. S. A.

This disease is said to originate principally in the East Indian regions, but I am fully persuaded that it is often seen in the southern portions of the United States, but not recognized.

Manson defines it as "a specific form of multiple peripheral neuvitis, occuring endemically or as an endemic in most tropical and subtropical climates, and also under certain artificial conditions in more temperate latitudes."

It is sometimes seen in temperate climates and here it generally originates in those who have recently resided in the tropics, but may occur in almost any climate, especially among the laity where no hygienic precautions are instituted.

As seen in these islands, it generally occurs in one of two forms, viz: the paraplegic or the dropsical; but there may be a combination of the two in the same patient. In the paraplegic form, it comes on more or less insidiously. The patient will probably complain of a fullness in the stomach after meals, but digestion will be fairly good. Very soon other symptoms will make their appearance, and if the patient remains quiet for any length of time, he will complain of his hands and feet "going to sleep." This numbness will gradually extend up the limbs, and when he tries to walk, there will be a typical "ataxic gait." There will be present certain areas of anæsthesia—

especially noticeable over the back of his feet and front of his legs and thighs. In some cases, they experience a distinct burning sensation over the surface of the lower extremities and about the genitalia, and I saw one case who had a girdle sensation about the waist, not unlike that of acute myelitis. The muscles are very flabby and give a peculiar degenerative reaction when tested with a galvanic current. The patient will complain of much pain when the muscles are pressed. The reflexes are lost and it is only with extreme effort that the patient is able to turn in bed. There is much muscular weakness which not only attacks the voluntary muscles, but the involuntary as well as is shown by examining the heart. There will be seen a plain epigastric pulsation and the carotids will be throbbing violently. A tricuspid insufficiency may be present with a reduplication of the second sound, and the two pauses between the sounds are nearly equal.

In the dropsical variety, there is a puffiness about the face,—the lips being cyanosed. There will be an edema of the hands, arms, feet and legs, but the œdema will be unlike that seen in liver, heart, or kidney complications, as in this disease the œdema will be very firm to pressure and it is with difficulty that any impression can be made. Fever is absent as a rule unless complicated by other diseases, and the tongue is clean. Dyspnœa is a troublesome symptom, and there may be present a single or double hydrothorax. Paresis is generally present, but not so noticeable as in the paraplegic variety. The patient usually complains more or less of præcordial pain which is aggravated by a full meal. A bruit can generally be distinguished by auscultating over the region of the tricuspid valves. The urine is scanty, high colored, high specific gravity, and extremely acid in reaction, but contains no sugar or albumen.

This is especially a disease of middle life—the aged and young escaping. It thrives best in the malarial climate and districts, and seems to be predisposed to by over-crowding—as seen in ships, asylums, jails, etc., where the endemics usually originate. Winkler says the disease is due to a short-lived germ—others that it is due to nitrogen starvation. Manson claims it is due to absorption of toxic substances.

Some of the recent investigations in these islands have found in most cases a short bacillus, but the direct etiological factor has not yet been clearly demonstrated.

The pathological changes are principally, a degeneration of the peripheral nerves, an atrophic degeneration of the muscles, and an acute fatty degeneration of the heart, which, after death, is found in a state of diastole.

The prognosis must be guarded—the mortality being five to forty per cent. Sometimes the patient may be apparently free from all danger,

and on suddenly rising from a prone position, drop back dead. The death is usually caused by heart paresis.

The treatment up to the present has been purely symptomatic. Remove as far as possible every predisposing cause.

INTESTINAL DISEASES OF CHILDREN.

By HOWARD THOMPSON. M. D., Prof. Materia Medica and Experimental Medicine, St. Louis College of Physicians and Surgeons.

Dentition, in my opinion, is only incidental to the gastro-intestinal disturbances, known under the general name of cholera infantum. True it is that children are highly susceptible to reflex disturbances prompted by irritation in the gums at the teething period. Any constant irritation, however, may produce the same reflex disturbances. Cholera infantum, coincidental with teething, is apt to be regarded as a result of this physiological process by the thoughtless observer. We must differentiate between a coincidence and a cause. We must differentiate between a coincidence and a contributing cause. Cholera infantum may take place at any season of the year; so may the process of teething. These two conditions frequently take place simultaneously. Cholera infantum, however, is far more likely to take place in the summer,—in the central and southern sections in August and September, than in any other season of the year. Indiscretions in diet are the exciting causes. When teething is coincidental we can more readily understand the influence of indiscretion than at a later period. The mere fact of dentition can be responsible only for certain reflex nervous disturbances; but the cause of dentition is the necessity for a change in the child's diet. The child must be supplied with food different from mother's milk, otherwise, why the advent of teeth? This necessity is recognized intuitively by the mother, who not knowing how to meet the indication physiologically, is only too apt to kill the child with mistaken kindness. The child gets bread to bite which the child's gastro-intestinal apparatus is not ready to dispose of properly. It ferments and sets up a gastro-intestinal irritation, nausea, vomiting and purging results, and finally the doctor is called.

This summer I have had a large number of cases of cholera infantum, subacute gastro-intestinal indigestion and marasmus. Probably my best results were derived from the following line of treatment:

Baby was given podophyllin, one-fourth of a grain, or calomel, one-tenth of a grain, until the passages became distinctly bilious. Then an intestinal antiseptic sedative and astringent consisting of:

R. Bismuth subcarbonatis.....Dr.
Glyco-Thymoline (Kress).....fl. oz. ss
Misturæ Cretæ.....q. ss. ad. fl. oz. ii
M. Sig.—Shake the bottle and take a tea spoonful every three hours.

It is always a good idea to give the baby an enema of a pint of warm water, in which is an ounce o glyco-thymoline at the commence

ment of treatment, in order that the colon may be relieved as rapidly as possible of its fermenting and decomposing contents, and the lining meet the antiseptic and healing application as soon as possible. Daily enema of the above solution are frequently advisable.

This summer I have had fewer unfortunate terminations in my cases of cholera infantum than in previous years, and I attribute my good fortune largely to the fact that, at the instigation of Dr. A. E. Chatfield, of Cleveland, Ohio, I have added this non-irritating antiseptic, glyco-thymoline to my internal medication in inflammatory diseases of the gastro-intestinal tract.

It has proven to have these advantages: It is antiseptic; it is non-toxic in the dose given; it is non-irritant; it is healing. It is about the only antiseptic that can be safely given to children.

The State Medical Association of South Carolina elected the following officers at its recent meeting: President, Dr. E. G. Croft, Aiken; first Vice-President, Dr. C. B. Earle, Greenville; second Vice-President, Dr. W. P. Timmerman, Edgefield; third Vice-President, Dr. T. Darwin, Blacksburg; Corresponding Secretary, Dr. Wm. Weston, Columbia; and Treasurer, Dr. B. E. Baker, Charleston.

Advertisements appearing in this journal always brings good results.

BELLEVUE TO BE REBUILT.

All the medical world is interested more or less in Bellevue Hospital, and the following recommendations of the State Board of Charities will be read with pleasure and satisfaction. At its regular meeting the Board adopted the following:

"*Whereas*, The State Board of Charities, having in view the fact that the demands upon Bellevue Hospital are greater than upon any other hospital in this country, and its frequent and thorough inspections having convinced the board that the main buildings of the said hospital are too old and ill adapted to their purposes to be sufficient to meet the proper demands of the service, and being also convinced that the only remedy for present conditions is in a new hospital; it is therefore

"*Resolved*, That the authorities of the city of New York are hereby urged favorably to consider the subject of the erection of a new and modern hospital to take the place of Bellevue as soon as possible. It is further

"*Resolved*, That in the opinion of this board the compensation of attendants and other employees in Bellevue Hospital should be reasonably increased so as to secure the services of competent and satisfactory employees, and that suitable provision should also be made for their care in order that the services of such competent and satisfactory help may be retained."

Commissioner of Charities Keller announces that he will ask the Board of Building and Apportionment to appropriate at least $2,000,000 to build a new Bellevue. He suggests that all the buildings, old and new, now standing on the grounds be torn down and that on three sides of the present grounds, extending from 26th to 28th street and from First Avenue to the river, there be erected a succession of modern hospital buildings.

The Relation of Arterial Changes to the Heart.

By Beverly Robinson, M. D.

He thinks that in early life, evidences of arteriosclerosis is largely due to hereditary influences. Other factors are imperfect assimilation of food due to a too large or insufficient supply, to poor preparation of it, to irregular hours, to work undertaken too soon after the digestion has begun, etc.

Renal disease may be only a secondary manifestation of arterial changes, but frequently it is obscurely present for a long while and later we have to admit it as a probable causative factor. In the nodular form of arteriosclerosis aneurysmal dilatation is not uncommon. The diffuse form is frequently found among middle aged men, and particularly those who are strong and vigorous, and it is in this form we usually have cardiac hypertrophy, without fibrous myorcarditis, unless the coronary arteries are involved.

Clinically, the author finds some of the cases of cardiac insufficiency following hypertrophy due to arterial changes confounded with chronic valvular disease, particularly where there is a pronounced blowing systolic murmur at the apex. In the treatment of these cases it is wise to administer moderate doses of iodide potash for long periods, with occasional interruptions, as well as the heart tonics and stimulants, such as strychnia, digitalis and strophanthus. In instances of threatened heart failure local or general blood letting is to be commended.

A few leeches to the præcordia will often be of service.—*New York Medical Journal, April 27th.*

Experience with Tracheotomy.

By John Rogers, Jr., M. D.

The author reports a series of seven cases in which four laryngotomies and ten tracheotomies were performed, and though, in the majority of cases the operations were under difficulties and in great haste, there was not a death due to the operation. He experienced most trouble with the anesthetic and the impossibility of placing the patient in the most convenient and accessible position. In two cases the inhalation of ether was attempted but with subsequent closure of the glottis. In the third adult case cocaine was used with great improvement, and should always be used when the patient is controllable; children or patients who cannot be kept quiet should be given chloroform, and in his experience it caused no trouble. Most of his patients suffered division of the cricoid cartilage, and subsequent cicatricial contraction, which can be cured only by prolonged intubation. Laryngotomy, except for tumor, is absolutely useless. The high opening of the res-

piratory passages, on the other hand, has some distinct elements of safety in its performance. If the stenosis is not chronic, and there is hope of a speedy cure by a simple tracheotomy and the wearing of a canula a couple of weeks, and also if a careful dissection is possible, the low operation is preferable, but in chronic cases in which the stenosis must afterward be overcome, and in a cicatricial stenosis, the low operation is exceedingly troublesome.

In general, the higher operation is safer and better than the low. In this series of cases granulation complication was not encountered and in several of them the canula was worn for quite long periods. It is not always possible to diagnose on the instant the locality of the obstruction, and if a short canula does not relieve the dyspnoea a long one should be tried, and a stomach tube is a good substitute. —*Medical Record, April 27th.*

When Should Patients be Advised to Eat Everything?

By Boardman Reed, M. D.

After a discussion of normal food requirements and the usual abuse one subjects one's digestive organs to, the author sums up: We should never advise our patients to "eat everything" until we have thoroughly cured their digestive organs and freed them from the lithemic condition; and powerful as are modern weapons against these, we cannot often succeed in accomplishing such a radical cure until the patients have reformed their unhygienic habits, not only in their eating and drinking, but also in both their work and play: they must take into their stomachs, in approximately right proportions, the things that will nourish and strengthen them, and little or none of those whose chief effect is to derange or irritate the functions or the tissues of the body. In many cases, besides, they must give up sedentary employments or pleasures and take regularly every day an adequate amount of exercise out of doors. In short, oxygenation must be made to bear its proper ratio to alimentation. Nor should we advise even the well persons in the families under our charge to "eat everything" without some regard to their idiosyncrasies and tendencies, as well as a reasonable amount of care that they do not follow a harmful acquired taste for too much of the rich and complicated viands as could make patients of them a few years later, by setting up gradually insidious forms of chronic disease which would inevitably result in gout or rheumatism, or in other more serious or fatal organic affections.—*Journal of the American Medical Association, April 27th.*

Peripheral "Anesthesia-Paralysis."

By Walter M. Brickner, M. D.

The author reports an interesting and unusual case of bilateral brachial paralysis occurring during narcosis (for appendicitis) which is the fifth of this class on record.

He does not think the views expressed adequately explain the case and considers the traumatic element very evident. To prevent these disagreeable and sometimes permanent sequelae he suggests: 1. The care of the arms is as important a part of the anesthetist's duty as is the administration of the narcotic. They should never be allowed to hang over the edge of the table as this position threatens the musculo-spiral nerves by pressure and the entire plexus by stretching. 2. Rotation and super-extension of the head should be exercised only while emergency requires it. 3. Prolonged pressure of any kind should be avoided, be it that of an assistant's hand or body, or that of a harness. When used, the shoulder strap of a leg-holder should pass over the tip of the shoulder, or over a large pad of cotton-wool on the neck; or, best of all, should be held by an assistant. This apparatus has occasionally caused paralysis in the leg. 4. The common practice of drawing the arms alongside the head, however much it may contribute to the convenience of the anesthetist and the comfort of the operator, is a bad one, and should not be tolerated. In some of the cases reported (twenty-five) the arms were lying alongside the body during the operation, so the safest rule to follow is to avoid allowing either arm to remain for more than a few minutes in any one position, however innocent that position may appear to be.—*New York Medical Journal, April 27th.*

Pneumonia in Children; Proper Management.

By Louis Fischer, M. D.

To abort an attack of pneumonia is possible; when the fever begins a vigorous treatment should be instituted, consisting of the application of a mustard foot bath for two or three minutes to produce copious perspiration, beside the use of one drop doses of tincture of aconite, repeated every hour for six successive doses, and the administration of half dram doses of spirituous mindereri, will aid in establishing diaphoresis, thus reducing the temperature and frequently causing a total disappearance of the symptoms. Calomel should be given in small doses and frequently to eliminate any decomposing food which may cause toxemia. Should the disease become established, in addition to the above, water should be given freely as it carries off toxic products, aids diaphoresis, and is very grateful to the patient. Children cough and invariably swallow their expectorated matter, so the eliminative plan of treatment should be kept up throughout the course of the disease.

Antipyretics of the coal-tar class are cardiac depressants, and if given, should be accompanied by stimulants. It is much better to rely upon hydrotherapy, especially if nervous symptoms are pronounced. If the full bath is given, rubbing vigorously should always be observed, and in young and delicate infants a stimulant of a few drops

of Hoffman's anodyne should precede the bath. The mustard foot bath should be given to produce local hyperemia. Intense dyspnœa will be best relieved by dry cups over thorax, repeated in a few hours, as needed. Oxygen can best be obtained by thorough ventilation. Sleep may be induced by small doses of codeine if severe symptoms demand it. Where a toxemic condition exists stimulation by Tokay wine or diluted whiskey; this prevents collapse and heart failure. The sheet anchor to the treatment should be to feed the patient and sustain life until the acute disease terminates. Milk to which a small quantity of whiskey is added, will be well borne. Good soups, with or without cereals, will prove useful and the nutrient qualities of egg albumen beaten with sugar and whiskey, will serve a good purpose.—*New York Medical Journal, April 27th.*

Abdominal Pain in Typhoid Fever.

By Thomas McCrae, M. D.

An interesting report of a series of cases from which the following conclusions are drawn: 1. About two-fifths of the patients are free from pain or tenderness, rather less than one-fifth have tenderness only, and pain is present at some time in about two-fifths of the cases, but during the course only in about one-third. 2. Pain due to some other than the specific bowel lesion was present in about fourteen per cent. of all cases and in about two fifths of the patients having pain during the course. 3. Pain occured with hemorrhage or perforation in about five per cent. of all cases and in about fifteen per cent. of the cases in which there was pain during the course. 4. Pain was most constantly present with perforation, when it was unusually sudden in onset, severe in character, and paroxysmal in occurrence. The pain of the perforation was most closely simulated by that occurring in some cases of hemorrhage, that from phlebitis, and that of unknown origin. 5. In about two-fifths of all cases with pain during the course no cause could be found. Should this occur with other abdominal symptoms the condition may much resemble perforation.—*New York Medical Jurnal, May 4th.*

Adhesive Rubber Dam for the Prevention of Possible Infection at the Siteof Operation.

By J. B. Murphy, M. D.

The author has prepared a rubber dam to be used over field of operation to prevent infection from the skin of the patient. It adheres to the skin closely, is sufficiently adhesive to stand considerable traction, is not affected by water, antiseptics, or wound secretions. After it is applied the incision is made through the dam simultaneously with that of the skin. The dam remains in position till the sutures are inserted and tied, after which it may be removed. In suppurating and draining wounds it should be left on until suppuration and discharge have ceased so that

it may protect the skin and prevent the erosion and eczema which are so frequently caused by the irritation of a purulent discharge.—*Journal of American Medical Association, May 4th.*

Ocean Climates: Their Effects and the Cases They Benefit.

By JOHN A. ROBINSON. M. D.

When a change of land climate is of no avail a sea voyage may be of distinctive benefit. The advantages of sea air are: It is more equable on account of the temperature being varied by ocean currents instead of winds; it is warmer, free from dust, contains more ozone than land air, is almost constantly in motion and is more nearly aseptic. The sea affords conditions that favor slow travel and much more benefit was derived from such a trip in the days of sailing vessels than at present. Sea air has a sedative effect on the nervous system, increases metabolism, weight, appetite, and inclination to sleep. The air has a sedative effect on the respiratory tract, often being a specific for hay-fever, whooping-cough, purulent and chronic bronchitis; also of benefit in incipient tuberculosis and tuberculosis where cavities or empyema exist. Scrofulous affections, other than pulmonary, malarial dyscrasia, debility as evidenced by chlorosis, anemia, malaise, loss of flesh and strength, insomnia and nervous irritability are often cured by a prolonged sea voyage.—*The Journal of the American Medical Association, May 4th.*

The Use of the Suprarenal Capsule in Diseases of the Heart.

By SAML. FLOERSHEIM, M. D.

This paper concludes a series of cases reported in which suprarenal capsule was administered, from which was observed: 1. A weak and irregular-acting heart became stronger and more regular. 2. A dilated heart was contracted. 3. A diffused apex beat became localized. 4. A diffused, loud, and rough mitral regurgitant murmur became localized, smoother, and lessened in intensity, while in some cases the murmur disappeared. 5. A murmur, which, owing to the extreme weakness of the heart, could scarcely be heard, became more distinct, thus aiding in the diagnosis. 6. The normal cardiac sounds when indistinct, became clearer and more easily distinguished. 7. In some cases a rapid pulse became less rapid; in other cases a slow pulse became faster. 8. Patients who were very weak with organic heart disease were improved. 9. No effect was observed in organic heart disease when the pulse was strong and regular.—*New York Medical Journal, May 18.*

Disease of the Knee-Joint and Hip-Joint in Children, Diagnosis and Treatment.

By EDWARD A. TRACY, M. D.

The importance to the practitioner of a practical knowledge of joint diseases in children is becoming generally recognized.

This disease was at one time considered incurable but now a case diagnosed in its incipiency, and with

proper treatment, the prognosis is favorable. The chief diagnostic signs of tubercular knee-joint disease are limitation of motion, causing lameness, an early sign; enlargement of the joint measurements, in some cases caused by fluid distending the joint capsule, in others by a thickening of the synovial membrane, and periarticular tissues; tenderness on pressure, deep-seated, in some parts or other of the joint is invariably present. Muscular spasm, elicited by attempting passive motion; fixation of the flexed joint from constant muscular spasm is seen early in acute cases. This untreated, results in subluxation of the joint, sometimes as early as the sixth month. In acute cases, heat in the joint is a prominent feature. Some cases of tubercular synovitis are so acute as to simulate traumatic synovitis, inflammation of the joint caused by injury and lacking the tubercular elements. The majority of cases are, however, of an insidious nature, so that not rarely do we meet with the disease thoroughly developed and a diagnosis very easy. Such cases have had no medical treatment until deformity compels bringing the case to medical attention. The treatment of incipient tuberculosis of the knee-joint is rest and protection for the joint and thorough constitutional treatment. Rest is best obtained by immobiling the joint. The author thinks fixation of plaster-of-paris inefficient and recommends splints of wood-plastic material applied directly next to the skin. The wood-plastic material, when suitably cut and moistened with water, can be moulded and bandaged upon the limb, producing immediate fixation. Besides fixation of the joint, protection for it is necessary, i. e., the joint should not be allowed to bear weight; this may be accomplished by the use of crutches or a Thomas knee-splint. In both methods a raised-sole shoe is used on the foot of the sound limb, so the diseased limb will not reach the ground. Children over six years of age can generally get along with the use of crutches, but if younger, it is better to supply a Thomas splint. When the patient is brought to us with the knee fixed in a flexed position, we can straighten such limbs gradually or at once. In the latter case an anesthetic should be given immediately after reduction, wood-plastic splinting can be applied and the corrected position maintained.

When a gradual reduction is desired the limb can be fixed with the wood-plastic splint moulded upon it in the position we find the limb. After the joint is thus kept quiescent for ten days, upon removal of the splint, it will be found that the angle of extension of the knee can be increased several degrees. The joint should then be fixed in its new position by a newly moulded splint, and every ten days or so the process should be repeated until the limb is straight.

Constitutional treatment is im-

portant. The diet should consist of boiled milk, graham bread, fresh meats, well-cooked greens, and fresh eggs ad libitum ; no cakes or candies between meals. There must be plenty of sunshine and fresh air, and medicinally, twenty to thirty drops of beechwood creosote can be given, mixed well in a wine-glass of sweetened water, three times a day. Generally it is necessary to treat tuberculosis for a period of two years, though in milder cases in the fairly robust sometimes get well in six months.

To return to the functional use of the joint must be tentative and gradual, but should tenderness of the joint recur, fixation and protection must again be resorted to until all signs of trouble have subsided. The early symptoms of tubercular hip-joint disease are limitation of the normal motions of the joint accompanied by the usual limp and pain. The general treatment here is the same as in diseases of the knee-joint, viz: immobilization and rest by application of the wood-plastic splint with limb in proper position.—*Journal of the American Medical Association, May 25.*

Variola and Varicella.

By M. A. Austin, M. D.

Chicken-pox is an eruptive disease that may be only easy to differentiate from small-pox if one takes into conclusion the whole subject, yet one is hardly excusable in making a mistake if he takes into considerarion the points of history, invasion and eruption. Age of the patient cannot be taken as a too weighty factor in the differentiation from the other. A case of chicken-pox in which the individual few pits are deeper than those which occur from mild small-pox is not uncommon. The incubation period of varicella is generally shorter, averaging about ten days, while the small-pox cases almost invariably show the first symptoms on the fourteenth day. The constitutional symptoms in some cases of small-pox are so slight that that they are no greater than would be expected in varicella but there is no immediate appearance of an eruption as in chicken-pox.

The diffusion and locality of primal appearance are similar in both diseases—the face and neck, arms and exposed surface—but in no instance do we see an adult with chicken-pox have an eruption on his palmar and plantar surfaces. In some cases of chicken-pox in children where these surfaces offer little if any resistance to the occurrence of a local infective process, we see the papules and vesicles occur. Neither have we the croppy character in this epidemic, as we do in varicella ; the eruption appears, the lesions progress through their characteristic papular, vesicular and pustular stages, then desquamate if the pustules at the same time over the same area, and the eruption shows a deeper infiltration at the base, a wider ariola and in general a

smaller sized papule than that of small-pox.

In small-pox the invasion and severe constitutional symptoms last four days. In varicella twenty-four hours are sufficient to bring forth the eruption, and with the eruption there is an exacerbation of the febrile and systemic symptoms, something that is not found in small-pox. The papule of varicella is generally smaller, does not possess that shotty feel, and the progressive changes are more rapid.

There is an umbilication in both eruptions, but the time of appearance of each and their characteristics are hardly to be confounded.

In variola there is an umbilication during the vescular stage, which is not a permanent depression, disappearing on the occasion of the pustular change. In varicella the dipping down occurs during the close of the pustular stage and works the point of beginning of the drying-up process which leads to crust formation and desquamation. Very frequently in varicella the eruption is vesicular in its entire nature. In contrast to the greater frequency of eruptions on the face in small-pox we have the greater number scattered over the back in varicella; they occur in the mouth and parynx in both diseases, but differ in their characteristics there the same as on the outer surface. Following desquamation in small-pox we generally have left a tubercle varying in size according to the depth and extent of the inflammation, this being a hyperplastic condition. In severest cases, the inflammation is destructive instead of regenerative, and with the destructive process involving the papillæ, we get a pit or scar. In chicken-pox we have the site of the inflammation on the same level as the surrounding skin. To attempt to differentiate the two diseases from the past eruptive lesions alone, at a time greater than two weeks after desquamation, is something that without considering the entire history might be rather difficult, were the two conditions to be of similar severity. It may be noticed, however, that following the scaling of chicken-pox we invariably have a bright red spot left, while in small-pox where the eruptions have been allowed to follow the entire course undisturbed, a smaller discoloration is present, but in those cases where the vesicles are ruptured, the resulting stain is of a bluish-black color.

Finally, there is no single pathogonomic symptom to either disease that cannot be similated, one in the other, yet in no case have I seen this similarity carried to an extent sufficient to make the differentiation indeterminable at some stage of the eruption.—*Journal of the American Medical Association, June 1.*

Therapeutic Volue of Adrenalin Chloride.

The following conclusions have been reached by Dudley S. Reynolds (*Philadelphia Medical Journal*, June 29, 1801) from an experience based upon 1222 experiments, in

regard to the therapeutic value of adrenalin chloride:

1. It is a powerful hemostatic, and acts promptly, generally within one minute from the time it is applied locally to mucous surfaces.

2. Its effects persist from twenty minutes to four hours.

3. It promptly relieves ciliary pain in all forms of keratitis, iritis, and even the cyclitis of glaucoma.

4. It reduces ocular tension in glaucoma, and apparently prevents hemorrhage in iridectomy.

5. It promptly clears up interstitial opacities of the cornea, following contusions, and seems to modify favorably the opacities of punctate keratitis in case of syphilitic iritis.

6. It will, in many cases, so reduce the swelling in the tear passage as to allow a stream of fluid to pass from Anel's syringe through the duct, without the use of a probe. In an old purulent dacryocystitis, the pus being pressed out with the finger through the tear sac, about two minims of adrenalin was passed in with the Anel syringe. Five minutes later a charge of sodium chloride solution passed readily through the duct into the nose. Repeating this procedure daily, prompt recovery was secured without the introdution of the probe. In a great variety of tinnitus aurium, prompt and sometimes lasting benefit follows the introduction of a drop of adrenalin solution through the Eustachian catheter, blown into the tympanic cavity. A number of cases of tinnitus without serious impairment of hearing have been permanently relieved by two or three applications of the adrenalin through the catheter.

7. In all forms of swelling in the lining of the nose, prompt relief follows the application of four or five minims of the adrenalin solution sprayed into the passage. In this way the superior crypts may readily be opened, and medicated fluids sprayed into the passage, or other applications made, where access is otherwise impossible.

It renders operations in the nasal passages, and elsewhere, nearly or quite bloodless, and does not, as some claim, predispose to secondary hemorrhage, but has a contrary effect. The 1-to-1000 solution of adrenalin in sodium chloride may be relied upon to relieve any case of epistaxis.

In cases of secondary hemorrhage, after operations in the nasal cavities or tonsils, an application of adrenalin solution on a cotton mop, pressed upon the bleeding surface, proves promptly efficient as a hemostatic.

The adrenalin solutions are, in every sense ef the word, superior to any preparation of the suprarenal extract, or of the desiccated glands, which I have been able to procure, and I think the world is deeply indebted to Takamine for his discovery.—*Med. Age.*

Blood-Coagulating Principle of a Secretion of the Skin.

At the meeting of the Paris Society of Biology, held June 1, M.

Millan (*Lancet*, June 22, 1901) laid before the members the explanation of a fact which he had reported at the previous meeting, namely, the increased coagulability of the blood at the end of a hemorrhage. It depends upon the secretion of a coagulating substance by the skin. The cells containing this substance are laid open by the puncture and thus allow their contents to escape. A demonstrative proof of this fact is afforded by ascitic fluid, which, although it does not coagulate spontaneously, yet does so rapidly on the addition of a small quantity of watery extract of skin. From these facts it would appear that the technique employed for clinical experiments upon the coagulability of blood is coarse and not to be depended upon. The results are in terms of the coagulating power of the skin, and not in those of the coagulability of the blood. In hemorrhagic diseases there exists together with the blood defect a tissue defect as well, which may possibly be improved by appropriate serum treatment (opotherapy). Hemophilia especially may be divided into two classes—a local "tissue hemophilia." which is by far the kind most frequently met with, and a general hemophilia having its origin in some condition of the blood.—*Med. Age.*

Surgical Hints.

The ether of chloride of ethyl spray will sometimes prove quite useful in stopping severe bleeding from cancerous or other ulcerations in which the hemorrhage is rather of an interstitial than an arterial character.

Never give an emetic in order to recover a foreign body that has passed into the stomach. If it is small enough it will alway be passed in the course of a few days, while if too large for this vomiting would be a dangerous and useless thing to bring about.

An attack of hysteria simulating unconsciousness in a woman may be aborted by the surgeon taking up a pair of scissors and regretfully announcing that he will have to cut all the patient's hair off in order to make applications to her head. It is doubtful whether this bluff has ever been known to fail.

When feeling for fluctuation in any part of the body that is covered by heavy muscular structures, place the hands along the long axis of the muscular fibers, and never across them. The latter position would certainly deceive the observer into thinking that fluctuation is present, as may easily be seen in the case of the large anterior muscles of the thigh.

In furuncles and carbuncles of the upper lip it is especially important to operate promptly, usually by thorough excision under an anesthetic. The location of the disease, in such cases, makes them peculiarly dangerous owing to the possibility of the occurrence of rapid thrombosis of the facial veins, extending to the cerebral sinuses. This, in turn, is apt to cause fatal pyemia.—*International Journal of Surgery.*

The Present Status of the Treatment of Prostatic Hypertrophy in the United States.

Guiteras (*N. Y. Med. Jour.*, Dec. 8, 1900) describes the 2 methods of treating prostatic hypertrophy —the conservative and the radical. In adopting conservative measures, the principal symptoms requiring treatment are frequency of urination, pain and fullness in the perineum, retention of urine and incontinence. These symptoms may be due to congestion about the neck of the bladder, or to cystitis. Retention of urine, when it occurs, is either complete or incomplete. In the incomplete form there is always a considerable amount of residual urine in the bladder. Complete retention is acute in character and is brought about by a sudden edema of the enlarged prostate. In the treatment of these symptoms alkalies should be aministered if the urine is acid and there is no cystitis, or benzoate of soda if the bladder be inflamed. If the urine is alkaline, urotropin should be given. Where there is residual urine, catheter life is advised. Where there are 2 to 4 oz., once a day; 4 to 8 oz., twice a day; 8 to 12 oz., three times daily. The Mercier or single elbow gum elastic catheter is the one advised for the patient's use. Two operative measures directed to the gland itself are considered: (1) The Bottini electro-cautery, which the author considers as beneficial in those instances where there is a distinct middle lobe enlargement, the prostate not being much enlarged by rectal touch. Prostatectomy is indicated in cases of enlargement of the lateral lobes, where the gland is distinctly enlarged, appreciable by rectal touch. The author describes a method of performing suprapubic prostatectomy as practiced by him, where, after opening the bladder in the ordinary manner, 2 fingers of the left hand are introduced into the rectum. The bladder mucous membrane covering the gland and the capsule of the gland being cut by a pair of scissors passed through the suprapubic opening, the operator proceeds to enucleate portions of the gland with the finger of the right hand, aided by counter pressure from below, secured by the fingers in the rectum.—*Int. Med. Mag.*

Remal of Warts and Moles.

W. C. Abbott applies the ethylate of sodium for this purpose in the following manner: The growth should be walled in with a piece of wax, vaselin or mutton tallow and then a drop of the above solution should be placed on the tip of the growth. After two or three minutes any remaining portion should be absorbed with a blotter. A caustic effect occurs which kills quite deeply; a scab is formed, which peels off, leaving the part normal.

[Sodium ethylate is formed by the combination of metallic sodium and pure alcohol. It forms a white powder, which is soluble in water or alcohol. It is generally used in an aqueous solution of 10 per cent. strength.]—*Jour. Am. Med. Assn.*

Development of the Pig's Intestine.

By JOHN BRUCE MACCALLUM, M. D.

In this study there was used a series of pig's embryos varying in length from 12 m m. to 12 c m. An attempt was made to obtain embryos with each stage, showing the least possible advance on the one preceding it. In some stages several embryos from the same uterus were examined in order to determine the constancy of the loops of intestine in individuals of the same age. Types chosen from various large groups of lower animals were also studied. The only method used was one of direct dissection. The embryos were hardened in formalin or alcohol, which rendered the intestines firm and not easily displaced. The abdominal cavity was opened and the liver carefully lifted away and dissected out under water. The Wolffian body and kidney were similarly removed. The umbilical cord was then laid open to expose that part of the coelum which it contained. In this way the intestines could be well isolated without disturbing them in the least. Starting, then, with the stomach the various loops were followed and modeled with copper wire. This could be bent so as to accurately represent the direction of each loop, and the general position of the loops of wire could be constantly compared with that of the intestinial loops, so that very little error could arise. The entire intestinal tract was then gone over again to control any possible error. To aid in drawing and studying these models the various groups of coils were painted in different colors. A recapitulation of the work shows: the intestine of a pig's embryo at an early stage consists of an uncoiled tube which sends a single loop out into the coelum of the cord. The first half of the loop is on the right side and gives rise to the small intestines; from the other half the large intestine is formed. The gut increases in length by the formation of regular loops which grow around an axis corresponding with that of the cord and large intestine. These loops form first in the part which is to become the small intestine. They also develop in that part of the small intestine near the stomach before they appear in the cord. Up to a certain stage the further growth in complexity is greatest near the stomach. After the small intestine has become considerably coiled, a mass of loops is formed in the large intestine. In embryos between 35 m m. and 40 m m. in length the group of coils which has form in the coelum of the cord, enters the general body-cavity by a mechanism which is not clearly understood. In embryos of the same size the coils are constant in arrangement, definite in their position and can be followed through various stages of early development.

In older embryos, when the individual coils cannot be recognized with ease, they are found to be arranged in distinct groups which

have definite situations in the body-cavity. The loops in a certain region of the body-cavity, though they may vary in form, always belong to the same group. These groups arrive at their final situation by a rotation which takes place posteriorly and to the right around an axis, running from a beginning of the duodenum to a point a short distance posterior to the opening of the cord. It is not at all claimed that the surface coils hold always the same position with regard to one another, or the coils have always the same relation to one another in the group; but it is to be emphasized that the groups always do hold the same relative position in the body. In lower vertebrates the intestine increases in complexity as we ascend the scale. The intestinal coils are very similar in nearly relative animals; and a certain amount of constancy is noticed in their arrangement.—*Johns Hopkins Bulletin, April, May, June.*

New Method of Treating Fractures.

Hatch (Boston Med. and Surg. Jour.) advises the application of modern surgery in the treatment of all kinds of fractures. Compound fractures are to be converted into simple ones, and simple fractures operated on making them compound and then the first principle applied making them simple. Fractures treated by this operative method are practically free from all pain, as both the sharp spiculæ of bone sticking into the soft parts and the swelling are avoided by the operation. In a compound fracture the wound is simply enlarged while in simple fractures there is a point of selection for the incision. These are, for the tibia along the crest, for the femur along the outer side of the thigh, for the radius behind the spinator longus, for the ulna along the ulna side of the arm where the bone is most superficial, for the humerous along the outer side of the arm. A good, free incision should be made, all clots and debris such as shreds of tissue and small pieces of bone, should be washed out, and all bleeding points tied. The wound should be made dry and co-aptation perfect. Apply one of the splints before closing the wound, close the wound without drainage with catgut sutures, lay a thin pad of gauze over the wound and apply the other splint and bandage quite firmly. Remove dressing on seventh or eighth day and apply ambulatory splint or plaster cast. The author formulates the following deductions after reporting fifteen cases illustrating the advantages of this method of treatment: (1.) We should not not be deterred from operating on fractures by fear of sepsis, and it certainly is unscientific to adopt a blind way when a better presents; (2) it would be warranted if it did nothing more than to relieve the pain and swelling, which it certainly does; (3) it shortens the repair process about one week; (4) it reduces the chances of deformity and non-union to a minimum.

Communications to Physician in Bastardy Case.

The prosecuting witness and the accused in a bastardy case disagreed as to the date that the first intercourse took place, whether July 15, or August 3. Finally, the latter proposed that witness be examined by a competent physician, and, if the examination disclosed that her pregnancy was of not more than four months' duration, he would regard himself as the author of her trouble and the father of her unborn illegitimate child, and would marry her. This offer was finally accepted, and a reputable physician was agreed on to make the examination. The examination was made, and, in the judgment of the examining physician, it disclosed that the pregnancy was more than six months advanced. To this result of the examination the physician was permitted to testify on the trial. But he was not allowed to testify that during the examination the complaining witness stated to him that the first connection with accused took place, as stated by the accused, on August 3. And this, the Court of Appeals of Kansas holds, case of Clark vs. State, was error. The evidence was excluded on the theory that it was a confidential communication, and therefore incompetent. But a statute making a physician or surgeon incompetent to testify concerning any communication made to him by his patient with reference to any physical disease, or any knowledge obtained by a personal examination of such patient, the court holds, can not be construed to cover such facts as disclosed in this case. The court emphasizes that the physician was not present as the physician of the complaining witness. She was not his patient. The examination was not made for the purpose of treating her for any physical, or supposed physical, disease. She agreed and submitted to the examination for the sole purpose of satisfying the accused as to whether he was the father of the child. She knew that the result of the examination was to be made known to her parents and to the accused before she submitted to it. Under such circumstances, the court holds, statements made by her to the physician during the the examinations, as to when the first connection took place, could not be regarded as confidential.—*Journal A. M. A.*

The Conservative Treatment of Injuries of the Extremities.

By Chauncey Pelton Smith, M. D.

The writer makes a plea for the conservative treatment of injuries to the extremities, citing many cases where it was practised with excellent results. His first case was one in which the patient, who had a finger cut off between the second and third joint, brought his finger wrapped in paper to be "stuck on." The stump and finger were carefully cleansed, the parts sutured with silk, wrapped with collodion and crepe de leisse. The

result was good, the patient having good use of the finger and of course the cosmetic effect of the hand greatly improved. Several cases of this kind has come under the author's experience. The next condition was compound dislocation of the ankle with or without fracture of the fibula. These are the cases most commonly treated by amputation or resection. Smith does not see the point of further injuring an already damaged joint by a resection nor of removing articular surfaces whose regeneration would fall short of a normal joint. He strongly protests against drainage tubes in a joint and rarely is draining indicated at all. Then follows a report of three cases, two of which resulted in excellent functional joints ; the third the recovery is only fair, which will happen in the hands of our best surgeons. Had the joints been resected he thinks the results could not have been so good and there would have been some shortening.

Two cases of pyarhrosis of the knee-joint in which continued immersion in salt solution was carried out, was then reported. The results in each case was excellent. In another case he thinks the continued immersion saved a finger that would have otherwise been lost. Next was a compound fracture of the lower third of femur caused by a flat car passing over it. The femoral artery was uninjured. He cut away all the extensor, abductor and adductor muscles down to the bone and trimmed away all the tissue necrotic by pressure. The femur was resected for three inches and the ends approximated and sutured with heavy silver wire. When the ends of the bone were approximated the muscles needed to be trimmed so as to get better union and when this was finished the leg had a diameter of the mid-thigh. The femoral artery was exposed for a distance of three inches, and he was careful not to twist or compress it when approximating the soft tissues. Wound closed without drainage. Patient recovered from chloroform, talked to his friends and to the operator. Was in excellent condition until 7 p. m., when he suddenly died : Cause unknown. Smith is satisfied from the work done that the man would eventually have had a functionally good leg with knee and ankle joint motion. Hereafter he will not amputate in such cases, as he believes while this case had an unfortunate termination yet the principle is worth trying for.—*Buffalo Medical Journal. June.*

Dr. Thomas D. Wood has resigned as professor of hygiene and organic training at Stanford University, California, and accepted a similar position in the Teachers College of Columbia University in New York.

The Board of Health of New Orleans has entered upon a war of extermination against mosquitos

CORRESPONDENCE.

Collective Investigation of the Influence of the Silver Nitrate Injections on Phthisis.

To the Members of the Medical Profession:

In 1892 the undersigned began a collective investigation of the action of cold in the treatment of acute pneumonia and there is reason for believing that this procedure which resulted in gathering four hundred cases of this disease thus treated, with a death rate not quite five per cent., was an important factor in calling attention to the utility of that treatment, and in introducing it to the profession of this country. That research was based on the conviction that no remedy can be called truly successful until it has passed the exacting crucible of clinical experience, and it is now proposed to apply the same ordeal to the silver—injection treatment of phthisis, which, in a large hospital, dispensary and private practice, reaching over a period of three years, and during which many thousand injections were administered, has given me greater satisfaction than any other method that I have ever employed. In keeping with the above expressed feeling a cordial invitation is here with extended to those members of the profession who have the inclination and opportunity to investigate this method of treating phthisis and to whom a reprint on the subject with full information and blanks to report cases, will be cheerfully sent on application.

THOMAS J. MAYS, M. D.
1829 Spruce Street, Phila., Pa.
August 15, 1901.

To the Physicians of North Carolina:—

Mr. Brimley, Curator of the State Museum, has asked me to say that he is desirous of collecting all the material possible for the purpose of forming a pathological exhibit in the museum here. A number of local physicians have contributed to form the nucleus of this collection. The Curator would be glad if all the physicians in the State would send him (at his expense) all morbid specimens, monsters, tumors, rare growths, and the like, which they may find from time to time and which they themselves do not care to keep. The specimens will be mounted and preserved, being, however, at the owner's demand any time. Address, H. H. Brimley, State Museum, Raleigh, N. C.

Very truly yours,
H. A. ROYSTER.
Raleigh, N. C., Sept. 7, 1901.

Broucho Pete—"Say, Bill, what d' y' think o' that young doctor what's jist come here fr'm d' East? Think thar's any stuff in 'im?'

Brawny Bill—"Sure. Ain't he a doctor? Aw, he's killed his man all right."

Cough and Its Treatment in Pulmonary and Laryngeal Tuberculosis.

By HENRY LEVIEN, M. D., Medical director and Physician-in-charge of the Liberty Sanitarium, Liberty, N. Y.

In the way of preface, I will say that my apology for bringing this rather trite subject to the attention of the medical profession, is the opportunity I enjoyed through constant personal observation on fifty patients under my care in the course of the last twelve months. Circumstances brought me in quite close, perhaps too close, contact with the above number of tuberculous patients, while in the capacity of physician-in-charge of a sanitarium for the treatment of persons suffering from pulmonary and laryngeal tuberculosis.

Of all the features, physical and mental, which make up the sum total of a consumptive, cough is the most distressing and prominent symptom, and as such, should engage the mind of the physician to a larger and deeper extent concerning its amelioration and suppression in the treatment of tuberculosis. It is the psychical as well as the physical tormentor of the unfortunate consumptive. It is a well-known fact that tuberculous patients to the exclusion of all others will never admit that they individually are afflicted with this dreadful disease; they are suffering from a "slight cough," which must soon pass away.

"If not for the cough, I would feel perfectly well," says one. "Oh, doctor, if you would only stop my cough, I would not feel sick at all," says another. Hemoptysis, even severe hemorrhages, are quite often forgotten; night sweats, though disagreeable, are seldom the subject of complaints—they would yet consider themselves only victims of a bad cold, which manifests itself in this wretched cough. Though sent by their respective physicians to a sanitarium where only tuberculous patients are treated, yet on entering the institution, they will always ask not to put them in close contact with "consumptives," because they have not this disease; they are only coughing slightly, having contracted a severe cold. This illusion is in some cases, especially in incipient tuberculosis very fortunate, as the patient is hopeful of a speedy recovery and struggles energetically for the restoration of his health. Such being the case, our efforts must be directed towards amelioration and suppression of cough, to keep up that favorable illusion.

Again this distressing cough in consumptives, if not checked in some way, wrecks the wasting constitution unmercifully. It deprives them of sleep, which rest is so indispensible for healthy and sick people in general and for those afflicted with tuberculosis in particular.

Cough is very often the cause of retching and vomiting. In the first instance, the afflicted feels wretched; in the second, he is getting exhausted and disgusted with his miserable existance.

Though not by any means the sole cause of pulmonary hemorrhages, yet by causing hyperemia of the lung tissues and at the same time interfering with the normal pulmonary circulation, the venous return, cough thus becomes the executor of pulmonary hemorrhages. Paradoxical as it may sound, yet it would entertain an idea that if pulmonary tuberculosis and phthisis in general could have existed without coughing, hemorrhages would seldom be heard of. So far as our observation goes, hemorrhages seldom arise spontaneously. This may be the case with the first one, the rather unexpected herald of some trouble, but when the disease is more or less advanced, the hacking dry cough is the unwelcome messenger of the "ruby" as sanitarium inmates, or "lungers" are wont to name hemorrhage, in the way of shortening it, we suppose.

Because of this cough many a patient shuns society and as in the case of sanitariums, avoids taking their meals in the general dining room, and if not ameliorated, this condition may lead to dejected spirits and even melancholia. There is hardly any difference as to the stage of pulmonary tuberculosis, so far as cough is concerned. They cough in the first stage, more so in the second, when every inspiratory act is a coughing fit, and still more in the third stage, unless the patient by this time was well taken care of, and availed himself of the requisite climatic and hygienic surroundings, which might have been the combined factors in drying up the cavity or cavities.

What are the means at our disposal for suppressing this cough? Do the generally adminstered pulmonary, or as some would have them, gastro intestinal, antiseptics like creasote and the many coal-tar and sulphur products tend in some way to diminish the cough? In my experience, they do not. Will oils and fats in general do anything towards quieting cough? They may in a general way and in the long run, so to say. That, is in addition to plenty of sunshine in the open air, respiratory gymnastics, wholesome and plenty of nourishment, and hydropathic treatment systematically carried on, they may assist in clearing the bronchi and even the alveoli of the superfluous mucopurulent secretions and thus create a feeling of well being, bnt by the time this is reached, the patient might be considered as one who has fully or nearly recovered from the sickness as a whole and the cough in consequence; but we need something which would act more speedily and in this way hasten the happy outcome.

Inhalations have their sphere of beneficial action upon inflamed and irritated mucous membranes, but

the benefit derived from them is quite temporary, and we would not advise this means as a remedial agent to relieve a distressing cough. Inhalations may subserve in "curing" phthisis, with which we are not concerned in this discussion.

Recourse must then be taken in remedies which would act directly and immediately, without at the same time carrying deleterious effects upon the system as a whole.

Hypnotics or nerve sedatives, like chloral, the bromides and the many coal-tar derivatives, which have their especial value in other conditions, should in our opinion never be administered, because intended as they are for quieting the reflexes in certain nervous affections, will not benefit diseases where positive pathological changes are the sole cause of these manifestations. Besides nearly all hypnotics are cardiac depressants, and such remedies should be administered with special caution if given at all, as the heart's action in consumptives is always below par and requires often a whipping up and stimulating.

Resource must be found then in the class of analgesics and anodynes, and then opium in its different forms heads the list. Considering the different preparations and their salts, chronologically so to say, we learn that opium per se is not suitable because of its constipating effect and undesirable sequelæ left after prolonged use.

Dover's powder was at one time an anchor and used extensively. Pulvis ipecac compound, consisting as it does of opium and ipecachuana, is intended to meet two purposes; to cause slight nausea and thus promote expectoration, then to suppress cough by the opium contained therein. We hardly believe it is suitable as a sedative in pulmonary tuberculosis, for in doses which should be effective, the nausea will exceed its limits and cause vomiting, a very undesirable effect, and the opium will then come in too large amounts for the necessary sedation. It may have its place in coryza, probably in influenza, but not in tuburculosis. Morphia would do away with nausea, but the morphia habit and its after-effects should not be lost sight of and therefore should also be relegated to other spheres.

Codeine kept its place in therapeutics as an old tried remedy in suppressing or quieting any kind of coughs. It does so, but the constitution gets so used to its effects when it is administered for any length of time, that we must increase the dosage quite often and extensively.

Heroin is a recent addition to our therapeutic armamentarium. We have given it a thorough trial and found it superior to all previously enumerated drugs. This remedy is an improvement upon and a modification of morphia, especially adapted for the treatment of the respiratory apparatus. It does not replace morphia in all cases; it substitutes it in pulmonary affections only. It has a

sedative effect upon the respiratory tract, produces restful sleep, does not constipate, and so far as my experience with the drug goes, does not produce heroin habit. My attention was called a few months ago and urgently requested to give its salt, heroin hydrochlorate, a trial, administering it in a weak solution of hydrochloric acid; I thought it did act in a more efficient way than the heroin plain. But with heroin and heroin hydrochlorate administered per se, I had the difficulty in establishing the requisite or standard dosage. Some clinicians have benefited their patients with very small doses as 1-20 sf a grain. Tablets are manufactured io the market in does of 1-12 grain. In our experience neither one nor the other were sufficient to exert the right beneficial effect, and had to order tablets in doses of 1-8 of a grain, administering them one at bed time and during the day *pro re nata.* This seemed to be the proper dose without carrying with it any deleterious after-effect.

In my college days, I heard Prof. Wm. H. Thomson repeatedly urging upon us his opinion that a combination of adequate remedies will act better than any single one given in large doses, and following his advice later in my general practice, I believe I reached my ends better and drugged my patiens less, because by combining remedies, each is given in smaller doses especially when narcotics or other poisons are in question. It was with a two-fold feeling that I met a new remedy, or rather a preparation which is a combination of remedies, destined for that treatment of disease of the respiratory tract. I always had misgivings towards new preparations; but as this preparation, glyco-heroin, seemed to me in no sense a patient medicine, having the contents open before the medical profession, I thought it worthy of trial. The combination which makes up the glyco-heroin should appeal to any one who is treating patients afflicted with pulmonary and laryngeal diseases. The composition of glyco-heroin is in our opinion quite a happy one. Each teaspoonful contains 1-16 gr. of heroin, quite a small dose; hyoscyamus, 1 gr., an adequate addition, as it checks night sweats and acts favorably upon reflexes; ammonium hypophosphite, 3 grs., which is an excellent stimulating expectorant without producing nausea; white pine bark, a tonic and a slight antipyretic,) with balsam tolu, glycerin and aromatics. A teaspoonful of this preparation, I found to be a definite dose, the effects of which lasted for three to four hours. Two weeks' trial on six patients convinced me of its utility and superiority over heroin and heroin hydrochlorate, administered *per se.*

My clinical observations in sanitarium treatment of pulmonary and laryngeal diseases cover fifty cases, treated in the course of twelve months, and make my report on this particular subject quite com-

prehensive and convincing, I will have to depart from the generally accepted mode of tabulation and present it in the shape of three periods, corresponding to the time and number of patients when one or the other remedy was administered.

Time. 1900.	Number of Patients.	Drug Administered.	Results Observed.
May, June, July, August.	20	7, Pulv. Dover. 13, Codeine sulph., ¼ gr.	Not satisfactory. Effect upon cough favorable, but the doses had soon to be increased.
September, October, November and December.	14	8, Heroin, heroin hydro., dose ⅛ gr. in acid water. 6, Glyco-heroin on trial.	Quite favorable, but I always felt that dose was too large. Smaller doses were not effective.
1901.			
January, February, March, April, May (part).	16	Glyco-heroin (Smith) exclusively.	Very favorable.

We do not deem it necessary to tire the reader with reports of cases in more detail, but we beg to convey our impression that since we started to administer glycoheroin to our patients as a routine, directing them to take a teaspoonful at bed time and during the day as occasion required—severe cases should take a teaspoonful every two or three hours—a decided improvement in the general well-being of all was felt. In a course of a few weeks, one would hardly believe it was an institution for, or the abode of consumptives, whose business is, so to say, to cough. In the stillness of the night, one could hardly discern any hack or even loose cough, and it convinced us that our patients were enjoying a peaceful and refreshing sleep. It is quite grateful to note that after one week's systematic administration of this remedy in conjunction with out-door life, pulmonary exercises and good dieting, the cough, pain in the chest, pleuritic pains and dyspnea are considerably ameliorated and night sweats entirely disappear. We believe it will not be amiss to cite at least one recent case :

Mr. B., aged 20 ; New York ; law student, previously book-keeper and salesman. On December, 1900, he caught a cold, coughed slightly; gave it no attention. On February 1, 1901, had an attack of hemoptysis, which lasted but a few days, and but little attention was paid to it. On March 1 he felt pain in the right side of chest. Next day pain increased ; had fever. In the evening, a third attack of hemoptysis, and on the third day quite a severe hemorrhage. This kept him in bed for two weeks and in the early convalescence, Dr. M. Moskievitz, his attending physician, sent him to our sanitarium with the history and diagnosis of tubercular

pleurisy and consolidation of the right apex anteriorly and posteriorly. Upon microscopical examination of the sputum numbers of tuberculous bacilli were found. He was suffering besides from cardiac debility and dyspnea, and was so weak that two attendants were necessary to bring him up to the sanitarium.

March 30, 9 a. m., examination after one night's rest: Pulse, 120, slightly, intermittent; temperature 97.8 degrees; respiration, 36; weight, 121 lbs., previous weight, 136. Physical examination: on auscultation, right lung, upper two-thirds anteriorly, suppressed respiration and in areas where respiratory sounds were audible, they were bronchial in character. No respiratory sound posteriorly, owing to serofibrinous exudation and thickening of the pleura. Considerable pain in the same side on respiratory effort. Left lung, shallow repressed respiration with moist crepitant and subscripitant rales. On percussion, dulness under right clavicle, and very dull, approaching flat percussion note, posteriorly below the angle of scapula and axillary line. Vocal fremitus increased anteriorly. Heart sounds apparently normal, a state of cardiac palpitation existing. Sputum examination revealed the presence of tubercular bacilli.

Diagnosis: Tuberculosis upper two-thirds of lung anteriorly and posteriorly. Tubercular pleurisy, slight effusion, thickening and recent adhesions of the right side.

Treatment: Rest in bed; window open day and night. Local treatment consisted in sponging with tepid water, thorough friction, and application of iodine by painting with tincture iodine. Internally, strychnin for the cardiac debility, malt-phosphate as a general tonic and glyco-heroin (Smith) for the painful cough and pain in the right side.

April 7, cough much ameliorated, sleeps well, not disturbed by coughing spells. Pain in the side almost entirely gone. Respiration twenty-four per minute and without panting on walking. Feeling well and strong enough to take short walks without fatigue. No night sweats; pulse, 100; temperature slightly above normal in the afternoon; gained 3½ pounds in weight.

April 14, continues to improve; hardly coughs at all, dyspnea diminished. No night sweats, no hemoptysis; allowed longer walks; physical signs improving. Sleeps well. Weight, 127.

April 21, temperature normal. Quite healthy appearsnce, able to take gymnastic exercises, heart action much stronger. Appetite good; pain in the side disappeared, though the dullness is still noted. Pulse 96; weight 130 pounds.

April 28, improvement continues; hardly coughs at all. Takes glyco-heroin only at bed time. Left lung entirely clear of rales, consolidated areas of right lung gradually diminishing in size; no pain in the side, though respiratory sounds hardly audible as yet.

May 7, no night sweats; doesn't cough; climbs to top of Walnut mountain without fatigue. Pulse 90, full and regular; weight, 133 pounds. Effusion being absorbed, a fealing of well being prevails.

I had but two occasions to use glyco-heroin in other than tubercular affections, namely, asthma. One case was bronchial asthma of a mechanical nature. The patient was a furrier by trade and when he would spend a day in his shop, he would have an attack in the evening; morphia hypodermatically, amyl nitrate by inhalation and other remedies would not control these attacks, which would torment him for hours at a time. On one occasion I administered one teaspoonful of glyco-heroin, repeated the dose in ten minutes and the attack was cut short as by magic.

The other case was one of cardiac asthma in a man 72 years old. He gets the attack mostly on retiring or whenever his feet got cold. He is suffering also from arteriosclerosis and chronic interstitial nephritis. His attacks were also cut short by one or two doses of glyco-heroin, and in this I fully coincide with Dr. M. Manges, of New York, that heroin in general and glyco-heroin in particular, should exert a favorable effect on all forms of asthma with the exception of one of dyspeptic nature.

Conclusions—(1) Cough, though one of many features in the make up of tuberculous affections of the lungs and larynx should, however, receive special attention at the hands of the physician, because it is the most distressing and exhausting factor. (2) Of all the remedies and drugs in our experience, which would tend to ameliorate and suppress cough, we find in glyco-heroin an agent which to all appearances is a remedy par excellence, and we recommend its further trial.—*Buffalo Medical Journal, Sept., '01.*

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*Surgical Treatment of Inguial Hernia.

By J. T. DUNN, M. D. Lecturer on Surgery and Demonstrator of Operative Surgery, Kentucky School of Medicine.

The results of recently devised operations for the cure of inguinal hernia have been so remarkable that I do not hesitate to hold up before you the present compared with the past.

This once hazardous operation is no longer considered so. Czerny's method, devised in 1877, and practiced throughout the surgical world until 1890, gave a mortality of 11⅝ per cent. with from 30 to 40 per cent. of relapses. This high mortality and per cent. of relapses led up to the present method of performing herniotomy, and the results have been most gratifying, to wit, ten thousand cases, excluding strangulated cases operated upon from 1886 to 1897, show a mortality of nine-tenths of one per cent.

In 1895 Bassini reported five hundred and sixty successive opera-

*Read before the Kentucky State Medical Society, May, 1901.

tions by the method which bears his name, without a single death. Marcy did over two hundred without a death; Macewen, eighty-one without a death; and Coley, two hundred with but one death, and that was by ether-pneumonia on the eighth day. Here are one thousand and forty-one radical cure operations with but one death.

As to relapses, Bassini had operated upon fifty-four cases, forty-one of which had been traced from two to nine years when his paper was written, and not a single relapse had occurred. Later he reported 560 cases with 15 relapses (less than 3 per cent); Halsted, 180 cases with 3 relapses (1.6 per cent); Marcey, 133 cases with 6 relapses (4.5 per cent); Coley, 160 cases with no relapses. Here, then, are 1,033 cases operated upon with only 24 relapses, or only 2.3 per cent.

You may say these cases have not run long enough to determine fully the results. Perhaps so, but a study of the following cases of relapses will be of interest in deciding this point: Three hundred and sixty cases of relapsed herniæ following various methods of operating show 80 per cent. to have occurred during the first year after operation, and of this number 64 per cent. occurred during the first six months, and only 11.9 per cent. occurred after a period of two years had lapsed. Of the cases that relapsed after two years, five occurred between ten and twenty-two years after operation, seven between five and ten years. In one hundred out of three hundred and sixty cases of relapse the operation was done for "strangulation." (International Text-book of Surgery, page 498, Vol. II.)

From this report we apparently are justified in concluding that if a case does not relapse within one year, chances are strongly in favor of it not doing so; and if it remains well for two years, chances are exceedingly small for relapse to occur.

It is estimated that fully 95 per cent. of cases operated upon by Bassini's method will be followed by cure. In this connection it is interesting to note the most prominent causes of relapse. Chief of all is lack of primary and permanent union. In all hernia operations perfect primary union is of utmost importance. This depends largely upon two factors: First, cleanliness; and second, the use of suitable suture material. To be sure, trauma inflicted during process of operation plays an important part in defeating primary union.

That statistics show that a non-absorbable suture or ligature material should not be used in this operation is clearly set forth in the fact that in the Hospital for Ruptured and Crippled in seven years there have been twenty-six relapses, and in all of these, silk, silver wire, or silkworm gut were used. Again, the use of absorbable material too small to remain in position sufficiently long for union to take place defeats primary union

by allowing the wound to reopen, and it must heal by granulation. Absorbable material which is too heavy frequently will not be absorbed, but becomes a foreign body and is cast off by suppuration.

Indications and Contra-Indications to Radical Cure. Childhood and youth give best results with lowest mortality. Coley has operated upon four hundred and fifty children with but one death and three relapses. As a rule, children should wear a truss first a sufficient length of time to determine the impossibility of effecting a cure by this means before advising an operation. Children under four years have been operated upon. I assisted in an operation (Rassini's) upon a child about one year old, resulting in perfect recovery. It should be kept in mind by both practitioner and surgeon that about two-thirds of rupture in children are cured by the truss; the other one-third goes on to adult life with rupture. Children with irreducible omentum, or with reducible hydrocele, should be operated upon.

Methods of Operating. The methods introduced and lauded by their originators in the past few years are too numerous to mention here. The methods most worthy of note, the methods which have given such excellent results, are Bassini's and Halsted's.

Bassini's method was published in 1888, but was devised in 1885. It consists of a new principle entirely, namely, transplantation of the cord. This method has given remarkable results, and is now the favorite in the surgical world. After exposing the external abdominal ring with its contents (the sac and cord), a director is passed through the inguinal canal to the internal abdominal ring. In this position is has superficial to it only the aponeurosis of the external oblique, which is now divided with the knife or scissors up to the internal ring, thus exposing to view the entire length of the inguinal canal, with cord and sac, *en masse*, lying upon its floor. At this stage of the operation, to avoid confusion and delay when suturing the canal, it is essential to catch with forceps the free edges of the aponeurosis thus divided, and strip or dissect them up with the finger. The upper edge should be freed as high as one and a half inches, and the lower edge down to the deep shelving of Poupart's ligament. I always leave these forceps in position, and find that they not only serve to render it less difficult to locate these structures, but enables your assistant to keep the aponeurosis out of your way while applying the deep set of sutures. The next step is to isolate the sac and cord. This is best done with the thumb and fingers.

I prefer to make the start at the external ring if possible, and, after passing my finger between the cord and sac, it is usually easy to separate them by enlarging the opening occupied by my finger, gently teasing my way to the tip

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PARVULES OF CORROSIVE SUBLIMATE, 1-100.

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Dr. Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the Treatment of Diarrhœa, whether the stools contain blood or not.

PARVULES OF NUX VOMICA, 1-50.

[WARNER & CO.]

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric functions.

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of the sac and likewise to the internal ring above, where it broadens out to form the parietal peritoneum.

The introduction of asepsis in surgery has allayed the fear formerly recognized in opening the sac, and now this may be done with impunity, as we have little or no fears of peritionis. The profession is about united upon the question of opening the sac. It should be opened in all cases. This permits inspection and reduction of gut or omentum, or enables you to ligate and remove large pieces of omentum if necessary, and to anchor the gut in close proximity to the opening if necrotic.

The contents treated as indications require, the sac is now ligated by an assistant over the end of the index finger of the surgeon, which is introduced into the sac as high as the internal ring. This precaution absolutely prevents the possibility of including a portion of gut or omentum in the ligature. Twisting the sac with forceps attached to its apex, after careful inspection, is a method frequently employed by surgeons. The distal end is now removed, and the first or deep set of sutures are now to be applied.

We proceed to this step of the operation by lifting the cord well out of the way by a strip of iodoform gauze in the hand of an assistant, until the line of suturing is complete. This usually requires five or six interrupted sutures, and should be of absorbable material, preferably kangaroo tendon. These sutures include the internal oblique transversalis muscle, the transversalis fascia, sometimes the rectus on the upper side, and are sewed over to the deep shelving of Poupart's ligament on the lower side. The relation of the large femoral vessels must not be overlooked in this step of the operation. The cord is now placed upon its new bed, and the cut edge of the aponeurosis of the external oblique on the upper side is sewed over to the aponeurosis on the lower side. Kangaroo tendon or catgut should be used here, and the suture either continuous or interrupted. Due care should be taken, of course, not to constrict the cord at either its new internal or external opening. The skin incision should be closed without drainage. In Bassini's original paper he advocated the use of silk for these buried sutures, but since 1892 he has employed chromicized catgut.

Halsted's method is very much like Bassini's, yet in several essential points differs very materially. The results obtained by Halsted's method by surgeons in general do not compare favorably with those obtained by the same men doing Bassini's operation. The differences between Halsted's and Bassini's method are as follows: First, in Halsted's method the internal oblique muscle is freely divided beyond the internal abdominal ring, while in Bassini's method only the aponeurosis of the external oblique is cut. Second, in Halsted's method

all the veins of the cord, save two or three, are removed, while Bassini's method does not disturb the constituents of the cord. These differences, carefully weighed and tested by surgeons in general, have caused them to prefer Bassini's method.

O'Connor has recently reported one hundred and twenty-nine cases operated upon by Halsted's method, with atrophy of the testicle following in 20 per cent of the cases. This alone would make Bassini's operation the superior method.

Halsted's method, in brief, is as follows: After exposing the external abdominal ring, the aponeurosis of the external oblique, internal oblique, and transversalis muscle and fascia are cut through from the external abdominal ring to a point three quarters of an inch external to the internal abdominal ring. The vas and blood-vessels are isolated, and all but one or two veins removed. The sac is isolated, ligated, and exercised. The aponeurosis of the external oblique, internal oblique, transversalis muscle, and transversalis fascia on one side and the transversalis fascia, Poupart's ligament, aud aponeurosis of external oblique upon the other side are brought together with six or eight deep Halsted's matress sutures (beneath the

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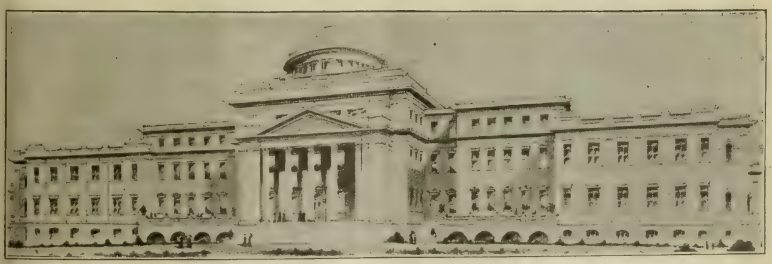

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cord). The cord is now placed upon its new bed and covered by closing the skin incision without drainage.

Choice of Methods. That method should be selected, other things being equal, which is the least complicated. At present Bassini's method is distinctly the simplest, and the evidence is strongly in its favor. Halsted's method is more complicated, and the results obtained by Halsted himself do not equal those obtained by Bassini's method in the hands of other surgeons. Cocher's, Macewen's, and other methods, not removing the sac after ligation, are considered inferior, and do not meet the requirements conducive to permanent cure.

With primary union patients should be out of bed in ten to fourteen days, and a well applied spica bandage will enable them to be out in a few days more.

To sum up, in conclusion, we learn: first, that mortality has been reduced in the last few years from 11⅝ per cent to less than 1 per cent; second, that relapses have been reduced from 40 or 50 per cent to about 3 per cent; third, that primary union should be the chief aim, and usually occurs when absorbable suture material is used. (Coley buried kangaroo tendon one hundred and eighty times, and secured primary union in one hundred and seventy-four of them.) —*Am. Pract. and News.*

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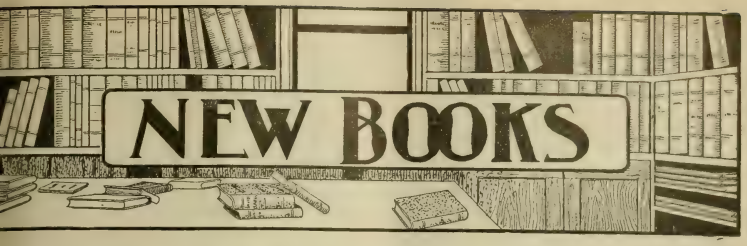

Pulmonary Consumption.

Pneumonia and Allied Diseases of the Lungs; Their Etiology, Pathology and Treatment, with a Chapter on Physical Diagnosis. By Thomas J. Mays, A. M., M. D., Professor of Diseases of the Chest in the Philadelphia Polyclinic; Visiting Physician to Rush Hospital for Consumptives. Illustrated. New York: E. B. Treat & Company, 241-243 West 23d Street. 1901. Price $3.00.

It is impossible in the space ordinarily allotted or the time usually given to review with justice his latest and most mature production of Dr. Mays.

Few will be found to agree in every particular with Professor Mays. No one, however, will fail to have broader and more practical views regarding the subject to the erudition of which the life work of this teacher of medicine has been given. The book should be read by every man who practices medicine or expects to practice it. The manner in which Dr. Mays discusses the subject being so different from that of others it is best to quote directly from his preface:

"The fundamental concepts of the work may be formulated into the following propositions:

"1. That pulmonary phthisis in the large majority of cases is primarily a neurosis, and that the pulmonary disintegration is secondary.

"2. That any agent, influence,

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or condition which undermines the integrity of the nervous system will engender pulmonary phthisis or some other form of pulmonary disorder.

"3. That the only remedies of value in the treatment of pulmonary phthisis are those which appeal to, and act through, the nervous system.

"4. That of special value in the treatment of phthisis is the counter-irritant action of silver-nitrate introduced hypedermically over the vagi in the neck.

5. That acute pneumonia and other forms of acute pulmonary disease are closely affiliated with diseases of the nervous system."

North Carolina History Stories.

By W. C. ALLEN, Superintendent Waynesville, N. C., City Schools. B. F. Johnson Publishing Co., Richmond, Va., 1901.

The stories begin with the landing of the first English people, and present the most important features of North Carolina's history from this point down through the Revolution. They are told in simple and interesting style which will be sure to please the children of the State, for whom they are intended. There are 45 stories issued in five parts in paper covers, at 10 cents each, and can also be bought bound in one volume for 50 cents. They should be in every household in the State.

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Among the Magazines.

Scribner's Magazine for September begins a notable series of three articles, to run through the fall numbers, giving in a condensed and graphic way the history of "The United States Army" as a fighting machine, from Washington's assuming command at Cambridge to the capture of Aguinaldo. The announcement of Major-General Francis V. Greene as the author of these articles will particularly commend them to well imformed readers.

The illustrations for this series have been made on the same generous plan which made noticeable the "Cromwell" and the "Revolution" in this same magazine. They include pictures by Howard Pyle, F. C. Yohn, Zogbaum, Remington, and other military artists.

Frederic Irland has gained a wide circle of admiring readers by his annual article in *Scribner's Magazine* describing some adventure in the wilderness. This year Mr. Irland writes on "The Beguiling of the Bears," describing a spring journey to the most remote and inaccessible stream in New Brunswick, the North Pole Branch. The trip was made with a veteran bear-trapper, and there were adventures by the way with moose and beaver and trout—all illustrated from the author's unique photographs.

The September "Mind."

The September issue of the metaphysical magazine, *Mind*, completes the fourth year of that

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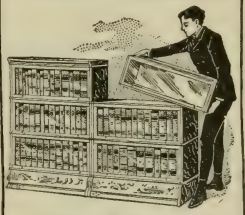

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representative of the New Thought movement. It is a splendid number, and will appeal with peculiar force to all interested in discussions of advanced scientific and spiritual import. The leading contributor is Mr. B. O. Flower, literary editor of *The Arena*, who writes upon "The Spiritual Significance of "The Flying Dutchman.'" An article on "Golden Silence," by Axel E. Gibson, is both timely and pointed. The author says truly that "we talk too much."

Curious Contents of a Hernial Sac.

Varied as are the structures that have occasionally been found in herniæ, one can hardly fail to be astonished at the findings in a case lately reported to the Brussels Medical Circle by M. Derveau (*Gazette Hebdomadaire de medecine et de chirurgie*, August 1st). The patient was a person sixty-nine years old with a congenital inguinal hernia. Within the hernial sac there were found a uterus, Fallopian tubes, and a vagina. The scrotum was empty, but in each of the broad ligaments there was a normal testicle. The subject was the parent of six children. This is said to be the third case of the kind on record.

Hospital Abuse.

A physician in a neighboring town related to us an incident worthy of wider publication. A lady visited his office regarding treatment for her son, and the question of expense was raised. "If it costs too much," she said, "I will go to the hospital. All I will have to pay them for is the apparatus."

The doctor suggested that the hospital was a charity, and not intended for people able to pay for treatment.

She replied: "We always contribute to the hospital; when the collector comes around I always give; my husband contributes at the works, and we give at church. I can get a letter from my pastor."

"Who is your pastor?"

"The Rev. Mr. ——; he urges us to give, because, if we need any medical assistance we can be saved a doctor's bill; and I can get a letter from the pastor of the —— church, too. My neighbor said she would go with me and get one."

Upon an additional remonstrance as to the proper use of the hospital, she replied: "I know of many better off than we, who always go to the hospital. People who have no rent to pay, and own houses that are rented."

Comment seems almost needless. The managers and staff of any hospital who are willing to permit such a condition of affairs, cannot be reasoned with. Would it not be well for the physicians of Pennsylvania to urge the Legislature to grant no appropriation to any hospital that does not take ample precaution against giving free service to those who can pay? And what can be said of the minister of the Gospel who gives a letter for such pose? Let us be charitable and say he does not know any better.—*Lehigh Valley Medical Magazine.*

NEWER MATERIA MEDICA.

Antikamnia & Heroin Tablets.

Our readers will find in this number, the announcement of a new remedical preparation, viz.:—"Antikamnia & Heroin Tablets," each tablet containing $\frac{1}{12}$ grain Heroin Hydrochloride (muriate) and 5 grains Antikamnia. All members of the medical profession should familiarize themselves with this combination and we respectfully advise our readers to look up the advertisement and send for samples. The advantages of this tablet are fully illustrated by a report of cases submitted by Dr. Uriel S. Boone, Professor of Pharmacology and Surgery, College of Physicians and Surgeons, St. Louis. We reprint three of said cases, as each has some particular feature which successfully called into use in a most beneficial manner, the synergetic action of these two drugs :

CASE I. J. P. Athlete. Suffering from an acute cold. On examination found temperature 101° with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed Antikamnia & Heroin Tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them and there has been no return of the cough or pain.

CASE II. Ed. H. Age 30. Family history—hereditary consumption. Hemorrhage from lungs eighteen months ago. His physician had me examine sputum ; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on Antikamnia & Heroin Tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

CASE III. Wm. S. Age 28. Lost 25 pounds in last 30 days. Consulted me July 9th. I thought he most certainly would fall victim to tuberculosis. Evening temperature 101° with night-sweats and a very troublesome cough with lancinating pains. Prescribed $\frac{1}{100}$ gr. atropine to relieve the excessive night-sweats and one Antikamnia & Heroin Tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

Neither in these, nor any other of my cases, were any untowed after-effects evidenced, thus showing a new and distinctive synergetic action and one which cannot help being beneficial and useful to both patient and physician.

Everybody Knows

the condition—it's extremely common and rebellious; some physicians call it general debility, or malnutrition, or nervous exhaustion or a host of other names. Whatever its name or its cause, there exist the very striking facts that the blood has been impoverished, the nervous system ravished, the vitality sapped out. It would seem extremely rash to make the statement that any one remedy is equally efficacious in all of these cases, particularly so when the usually employed tonics—iron, strychnine, cod liver oil, etc.—have utterly failed. Yet such is the statement of thousands of physicians whose names are everywhere the synonyms for eminence, integrity, ability; physicians who represent all that is best in ethical, scientific medicine. It is this class of physicians who make the unqualified assertion that Gray's Glycerine Tonic Comp. is uniformly effective in malnutrition, general debility, nervous prostration—whether the condition accompanies organic disease, acute infectious diseases or exists without ascribable cause. Gray's Tonic begins aright in these cases; it makes a friend of the rebellious stomach—makes it docile, receptive, retentive. The patient improves from the start—has more strength, less depression and exhaustion. The physician notes the patient's ability to eat, digest and assimilate food—the dormant nutritive functions seem to assume new life. The blood rapidly regains

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————————, M. D., New York City.

Some months ago I put your Glyco-Thymoline to use i case of presumably nasal lues with such gratifying resu that I esteem it but just to place the facts at your dispo The patient in question had been turned over to me by colleague on account of his illness. I found the nose m swollen and nasal respiration entirely obstructed. In middle, directly below the nose, was an opening from wh puss welled forth. The treatment had been a mixed tr ment, and syringing from the external opening below nose with peroxide. I at first continued the latter found the peroxide to well out from both anterior na filling both nostrils and another portion entering the phary the patient spitting it out. The condition impressed me the time as a very grave one prognostically and not ea remedied. A rhinoscopic examination suggested to me propriety of discontinuing the injections through the artifi opening and irrigating the nasal cavities with Gly Thymoline. I ordered her to use a Bermingham Dou with Glyco-Thymoline diluted with 2 parts of water. result was positively magical, within three days the o swelling had entirely subsided, nasal breathing was reste in full, and the opening below the nose had entirely heal From this on recovery was rapid and uncomplicated. result was entirely gratifying.

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the necessary elements for healthful nutrition of the entire body—the red blood corpuscles and hæmoglobin increase hand in hand; nervous force, vitality, is re-engendered; irritability, sleeplessness and exhaustion disappear. Restoration of constitutional vigor and return to health is but a natural sequence; it usually results in a surprisingly short time. Skepticism as to the truth of these facts may be entertained by those who have never given Gray's Tonic a fair clinical trial; but with those physicians who have tried the remedy, skepticism has yielded to the inexorable verdict of facts—actual, accomplished results. The experience of countless physicians leaves no ground for doubt that Gray's Tonic is the remedy par excellence—the pleasant, uniformly effective remedy—in waste of tissue and impoverishment of blood and vitality. Its rapidity of action is especially noticeable in convalescence from typhoid fever, la grippe, pneumonia and other exhausting ailments. Its uniformity of action is a certainly in all.

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A Monthly Journal of Medicine and Surgery.

Vol. XLVII. CHARLOTTE, OCT., 1901. No. 10.

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EDITORIAL.

THE ASSASSINATION OF PRESIDENT McKINLEY.

The whole world stood aghast when the wires flashed the news that the hand of the assassin had been raised against so estimable and amirable a man as Mr. McKinley. The wounds did not prove fatal until a little more than a week, and from the hour of his injury until death closed the scene, bulletins were issued at short intervals from Mr. McKinley's sick room, and were eagerly read by a sorrowing and sympathetic people the world over.

We gather the following facts from the *Medical News*, a member of whose staff was sent to Buffalo and interviewed directly the medical men connected with the case. The President was wounded shortly after 4 o'clock on the afternoon of Sept. 6, 1901, while holding a public reception in the Temple of Music on the grounds of the Pan-American Exposition. Czolgosz, the assassin, carried his pistol (a short, 32 calibre, "bull dog") in his right hand, his right arm being carried across his chest as though in a sling. In straightening the arm to fire its general direction was downward. The President was immediately conveyed to the Emergency Hospital on the Exposition Grounds and placed upon the operating table, where he remained awaiting the arrival of Dr. Matthew D. Mann, who was summoned in the absence of Dr. Roswell Park, who was absent at

Niagara Falls, but who arrived before the operation was completed. On seeing that the first shot penetrated the abdominal cavity, (the second struck the sternum and did not penetrate the skin) Dr. Mann at once ordered ether administered and prepared himself to do a laparatomy. An incision was made (just an hour and a quarter from the time the wound was inflicted) through the bullet wound, when it was found that the stomach had been perforated in the neighborhood of the greater curvature, the anterior opening being small with sharp inverted edges. The posterior opening was large and more irregular, but its edges were also inverted, and the amount of leakage was not great, although the stomach was about half full, Both openings were closed with Lembert sutures, to reach the posterior wound the stomach being turned upward and backward to avoid contact with the intestines. No other visceral wounds could be found. There was practically no hemorrhage. The abdomin was thoroughly flushed out with normal salt solution and closed up without drainage. The patient was under ether about an hour and a half. The bullet was not found and was supposed to have lodged in some of the muscles of the back.

The President's condition gradually improved, the temperature reaching 103° F., but gradually reducing until it reached 100° F. on Sept. 10th. On the night of this date, as there was increasi tenderness in the wound, t dressings were removed and th was found a small collection pus along the edge of the wou The pus was evacuated and fou to be due to a small piece of clot ing which had been carried in the wound. After this dressi the President became more co fortable, and the bulletins we very encouraging.

These did not continue lon however, for on the 13th the wo was sent out that the patien heart action was very unsatisfac ory. Each bulletin brought mo unfavorable news until the en came at 2:15 a. m. of Septembe the 14th. The autopsy showed th wounds in the stomach wall ha healed, but the tissues about the had become gangrenous. Ther was found also a wound of th pancreas and of the kidney These tissues were likewise gan grenous. The bullet was no found.

The distressing outcome of thi case is greatly to be deplored, an will doubtless give rise to muc discussion if not criticism. Ther was nothing but praise, and de served praised, of the surgeon wh so promptly realized the impor tance of entering the abdomina cavity in the presence of a pene trating wound, and who so boldly proceeded to act upon his judgment. No one, probably, will deny that it is the surgeon's duty, in all cases of penetrating wounds of the abdomin, to enlarge the

opening already made and determine the presence or absence of injury to the viscera, and to do this promptly before the absorption of poisons and the onset of peritonitis. To await the development of symptoms is to lose precious time and allow the enemy to fortify itself. It is extremely unfortunate, however, that the serious lesions of the pancreas and kidney should have been overlooked. The time spent in the operation, one hour and a half, is evidence that search was made for further injury, for so much time could not have been consummed in repairing the two small wounds of the stomach. It is very difficult to thoroughly inspect the deep organs in the upper abdomen, especially through a small opening, and considering the importance of the personage upon whom he was operating, one can readily understand the hesitation of the surgeon in making the opening sufficiently large to permit a more through investigation, and yet this very fact made the necessity for thoroughness the more urgent. Whether or not it would have been possible to repair the injuries to the pancreas and kidney so as to have averted the fatal termination we cannot say, but it would have reflected more credit upon surgery if the diagnosis had been made anti-mortem and less sanguine views regarding the outcome of the case expressed. More impressive teaching oftimes comes from failure than from success, and that brought out in this instance is the importance of *knowing* that organs are intact, and not to surmise that they are because of the absence, at the time, of symptoms. As to the cause of the gangrene along the route of the bullet, further investigation will be necessary to determine it, but we cannot accept the theory of one of the surgeons that it was due to poisoned bullets, but think a more plausible reason would be the destruction of vitality in the tissues immediately about the track, owing to the slow progress of the missile followed by the disturbance of the nervous system, due to what Dr. Mann calls "solar plexus irritation."

A COMMON LANGUAGE FOR SCIENCE.

The desire for a common language seems to have occupied the thoughts of some men ever since the construction of the Tower of Babel and the segregation of all mankind resulted in the polyglot evil of our present day. The man of science, however, of all people, would seem to have most reason for wishing a common method of transmitting his thoughts and receiving in return those of other men similarly engaged in other countries. As it is now a medical man who hopes to keep abreast in any of the scientific branches of medicine, especially if he does any literary work, should know at least two foreign languages, and would be the better for a third or fourth. It is not an easy matter for a person whose energies are occupied with

scientific subjects to acquire that familiarity with foreign languages as will enable him to readily and comfortably read the contributions of foreign authors—it is seldom a pleasure.

Nevertheless the confusion of tongues is quite an obstacle to the diffusion of scientific knowledge, and at various times an attempt has been made to create a common language for purely scientific purposes. Such schemes have hitherto universally proved futile, and the Philadelphia Medical Journal quotes Hermann Diele, who has contributed an article on this subject, to the effect that such a prospect is entirely Utopian, with less likelihood of realization at present than formerly. In his opinion Latin is the only language which would be at all suitable as a common vehicle of thought, and as such was in use among the learned during the middle ages. After this, French, for a time, came prominently to the fore in educated and scientific circles, but within recent years has been largely superseded by German and English. There seems at present then little hopes, in the opinion of competent judges, but that the medical man must continue to devote much of his valuable time and labor to the cultivation of foreign tongues. There are some who prophesy that the English language is destined ultimately to become almost, if not entirely, universal. That this belief is not altogether based upon the well known prejudices of the Anglo-Saxon, the table below, which is quoted by the before-mentioned journal will show:

Date	Eng'sh	Ger'an	Rus'ian	French	Italian	Sp'nish
	Millions.	Millions.	Millions.	Millions.	Millions.	Millions.
1500	4	10	3	10	9½	8½
1600	6	10	3	14	9½	8½
1700	8½	10	3	20	9½	8½
1800	20	81	30	31	15	26
1900	146	80	85	52	54	44

MASSAGE IN GYNECOLOGY.

The extravagant claim of a certain branch of charlatans relative to the curative effects of Massage, although they do not term it by so simple a name, have been so widely advertised to the public as a means of relief for all ills, ranging from simple myalgia to appendicitis, that it is gratifying occasionally to see this subject treated in a thoughtful and scientific spirit. As might be supposed when so viewed, this method of treatment has well marked limitations, notwithstanding that it has very earnest advocates in the medical profession. In gynecalogical cases its advocates are most enthusiastic, yet even here there are certain obvious conditions in which massage would be distinctly hurtful, if not absolutely dangerous. The presence of an active inflammation or of pus formation should always offer an effectual bar to its employment in the hands of conservative men. Its use in mal-positions of the uterus, notably retro-displacements is now considered as without beneficial effect. Olshausen who has given careful attention to the subject says, that the claims of some for its use in bringing about tonicity and shortening of the uterine ligaments are not borne out by experience, since these tissues having

been over-stretched for years are usually so atrophied that they cannot be stimulated to contraction by strenuous mechanical stretching. On the whole it may be said that its value in pelvic diseases has been entirely over estimated. The only class of patients in which its employment can be said to be safely indicated and where a measure of success is possible, is in pelvic exudates, which fail to be absorbed and in which all signs of inflammation have ceased. In these cases it is said that massage is effective in bringing about the delayed absorption, but only when the exudates can be manipulated through the vagina against the abdominal wall.

BACK TO BARBARISM.

The editorials in *The Youth's Companion* are always interesting, always broad, and the following, which we copy from a recent number of that excellent publication is of interest:

The fight for human freedom, the stuggle for individual liberty of conscience and of person is as old as human history. From the time of Pharaoh and the children of Isreal to the Russian serfs and the suffering peasants of Cuba, it has produced ias tragedies and brought forth its heroes.

The issue of every successful battle for human rights has been, not merely enlarged liberty for the individual, but also increased strength to the combined will of all the community; in other words, liberty regulated by law, made by common consent, in restraint of those who would substitute license for liberty.

So, as the great procession of the centuries has advanced, each has left mankind on a higher plane. One by one the old barbarities have been dropped along the line of march. Man learned first that honesty of tongue was essential to his relations with his fellows; then that immunity from predatory raids could be secured by abstaining from making such raids upon others; that respect for life was the best protection of life. So by degrees the whole structure which we call civilization was reared upon a foundation of honor, of consideration for the rights of others, of confidence by man in man, and of love.

In all of this progress the anarchist alone has remained unchanged. Forging the name of liberty, and professing to strike a blow for civilization and the rights of man, he presents in his own person a living negation of every good thing that civilization has accomplished since the dawn of history. He is the one human being who morally, has stood absolutely still since man appeared on the earth.

It is this which makes him so hideous and so unaccountable a figure. He nullifies the accumulated experience of all races and all ages. The fiercest of wild beasts may tamed, may be made so to feel the power of love that he can be approached with confidence and handled with safety. Even the rattlesnake gives his warning; but the anarchist calmly plans and deliberately proceeds to strike the victim who is in the very act of extending a friendly hand and expressing a kindly wish.

God pity such a creature! It may be that the Providence which has guided man's progress through the centuries has permitted anarchy to be, in order, by contrast, to show us what it is that the race has won and that anarchy attacks.

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ORIGINAL COMMUNICATIONS.

TONSILITIS FROM THE STANDPOINT OF THE GENERAL PRACTITIONER.*

By A. L. GRAY, M. D., Richmond, Va., Professor Physiology, University College of Medicine.

There is no disease in the whole catalogue that confronts the practitioner oftener and perplexes him more than some of the forms of acute tonsilitis. Aside from the desirability of an early diagnosis for purposes looking toward its alleviation, we are called upon frequently to make a speedy differentiation from diphtheria for reasons of prophylaxis. That the diagnosis is not easy or even possible in the early stages in some instances, without the aid of the bacteriologist, is to my mind a positive conclusion. In order to bring out important facts, it is necessary to take up and discuss briefly the clinical varieties.

There are two forms usually described: the parenchymatous or suppurative, and the lacunar or follicular.

The parencymatous or suppurative form, which is commonly known as quinsy, after some violation of hygienic laws, usually exposure to cold or wet, comes on suddenly, with perhaps one or more chills followed by fever which may reach 105 deg. or 106 deg. F., rapid pulse rate and great prostration. During and preceding these symptoms, the patient complains of aching in the throat and pain on swallowing. The tonsil itself may be enlarged and reddened, but

*Read before the Richmond Academy of Medicine and Surgery.

oftener the inflammation seems to exist in the peritonsilar tissue, and the whole pharynx on the affected side seems to be involved. Not infrequently, involvment of the opposite side follows in rapid succession, and the space between the fauces becomes almost obliterated. In a large proportion of these cases the inflammatory process proceeds to pus formation, the abscess usually pointing toward the mouth.

This form is usually simple of diagnosis, and for this reason of less interest than the follicular or lacunar form. It is here that our skill is in some cases taxed to the utmost. Under this may be classed ulcerative, herpetic, pseudo-membranous and necrotic forms.

Follicular tonsilitis is most common in adolescence and early adult life, though the infant and those in advanced life are not exempt. I have seen it in a child of two years, and in the aged. In the latter, however, it is rare owing to the disappearance of the adenoid tissue of the pharynx after middle life. Sex seems to have no influence, nor do I think the statement that rheumatism is a predisposing cause can be substantiated. That the disease is due to bacterial invasion, is most probably the correct theory. Whether it is due to a specific organism, remains yet to be absolutely determined, but there are strong reasons for this belief. How else can we explain the fact that many members of the same household will be successively attacked, or, as I have known, persons visiting a family in which ihe disease has attacked some member, and in the course of a few days develop an attack? Another view and the one most commonly accepted, is that persons surrounded by the same conditions of imperfect hygiene, are rendered similarly resistant to the invasion of bacteria which are found in the throat in health, such as the streptococcus and the diplococcus lanceolatus.

Let us consider briefly, the pathological condition: In each of the above varieties, we find an enlarged and reddened tonsil with more or less involvement of the crypts. The most common appearance is an exudation of a yellowish-white caseous material escaping in lumps or strings from the glandular crypts. In some instances, however, instead of this material exuding. It appears to have become encysted and calcified and is not discharged until after the acute inflammation disappears and the swelling begins to subside. Not infrequently, two or more adjacent crypts become distended with this material forming as it were, minute abscesses which rupture into each other, lenving a ragged depression or ulcer from the bottom of which is poured this caseous exudate. Occasionally, also, patches appear, in color identical with those of diphtheria, but usually not so thick; nor do they possess the same tendency to spread to the surrounding parts, but attain a certain size in the course of a day, which they maintain. These may be found not

only on the tonsils, but also on the adjacent structures. They are due usually to streptococus infection.

Another pathological condition is the appearance of herpetic vesicles which rupture and leave small white ulcers. These may appear on the tonsils and adjacent parts as well. We also sometimes find a pale, milky-white, membranous appearance on the tip and margin of the uvula and pillars of the fauces, due to the leptothrix buccalis, a normal inhabitant, which is always ready to attack an abraded surface in the mouth, or to the oidium albicans or thrush parasite.

Considering the various pathological conditions which present themselves, and the signs and symptoms based thereon, there are unquestionably cases arising in which to make a correct diagnosis without the aid of the bacteriologist, is an absolute impossibility; and I am convinced that the statements of many physicians who claim to have treated diphtheria for years with scarcely a mortality without the aid of antitoxin and even before the age of antiseptics, are erroneous in the extreme, and their glowing statistics apply not to diphtheria, but to some form of follicular tonsilitis. That a bacteriologic examination in the onset is impracticable in many cases cannot be denied, and in these our powers of differentiation are most severely taxed.

As to the modes of onset of the two diseases, they must be admitted to be in many instances, identical. An initial chill or convulsion, subsequent rise of temperature in some instances to an alarming degree, with delirium accompanying, are common to both. We must look then to the throat alone to guide us in our prognosis and treatment.

The throat appearances in diphtheria, as told in most of our text books, leave us under the impression that whenever we find a grayish white or yellowish, pseudo-membrane on the tonsils which cannot be easily removed without abrading the surface, and especially if seen on the adjacent mucous membrane, a positive diagnosis of this disease must be made. This is manifestly incorrect. In cases of tonsilitis which present an ulcerative appearance, the bases of these ulcers are at first, covered with a dirty yellowish or grayish necrotic tissue which may continue firmly adherent for several days. These ulcerations are by no means always confined to the tonsils, but may appear on the posterior pharyngeal wall. The cases which simulate diphtheria most strongly are those in which we have here and there patches of distinctly superficial pseudo-membrane produced by fungi or bacteria other than the Klebs-Loeffier bacillus. These patches will generally be found discrete, and the point of most value to us that they do not rapidly spread at their margins in an even layer, but retain their size and shape, and when due to the

leptothrix buccalis, are very thin and milky-white in appearance. Whenever practicable, however, in any case in which there is a shadow of doubt, a competent bacteriologist should be called in at the earliest possible moment lest valuable time be lost and our labors be in vain.

As regards treatment. At the onset, it is well to give a brisk saline purge, treating the febrile symptoms with one of the antipyretics. I have found phenacetine grs. v, codine sulphate, gr. ¼, administered every three hours, to afford great relief from the headache; and salol in doses of three to five grains every four hours, the most satisfactory remedy for the aching joints.

In the parenchymatous form, in the early stages, the icebag or a substitute, externally, and cracked ice given the patient at short intervals, or ice cream, will be found both agreeable and beneficial. After the inflammatory process has progressed, hot poultices or fomentations will be fonnd more soothing and more apt to reduce the inflammation. Counter-irritation in the form of tincture of iodine or hot turpentine stupes, will be productive of much good. Scarification of the swollen parts will give great relief; and as soon as pus be detected, it should be evacuated, preferably through the anterior surface of the soft palate, as this is the location at which the abscess usually points; and through an incision at this point, the abscess cavity can be readily cleansed without causing much discomfort to the patient.

In the follicular variety, if begun in time, ice applications both internally, and externally, may sometimes abort an attack. After it is well established there is no better treatment than a spray of equal parts of hydrogen peroxide and water to clean off the exudate, and as a germicide, followed by a mixture of the tincture of ferric chloride and chlorate of potash in equal parts of glycerine and water to be applied to the tonsils and surrounding inflamed surfaces, with a camel's hair brush, four or five times a day. In the intervals, some demulcent application, as a spray of menthol or thymol in liquid vaseline, will lessen the difficulty in swallowing and be found most grateful to the patient. The ammoniated tincture of guaiacum given internally and as a gargle, is most warmly recommended by many as a specific. Counter irritation externally to the throat is desirable in this form, also, and is probably best produced by rubbing with cloths sprinkled with oil of turpentine or spirits of camphor. The diet should be semi-solid or liquid, as it is swallowed with less difficulty and does not tend to keep up the inflammation by mechanical irritation. Following this line of treatment, I have seldom found the disease to continue longer than three or four days.

It is my firm belief that in the near future, follicular tonsilitis will

be found to be due to specific bacterium, and that its infectiousness will be firmly established; and I think we err when we allow our cases to be closely associated for any length of time with other members of the family or household. For while it is not a grave malady so far as mortality is concerned, I know of no febrile disease that renders its victim more miserable for the time being, and I think that by isolation for a short time, we may confine the disease to a single individual, and thereby avert much suffering.

DISCUSSION.

Dr. Jacob Michaux agreed that a specific cause would probably be found for tonsilitis. The comparatively high temperature occompanying such a limited focus of infection seemed to argue a particularly virulent germ. He had obtained better results from the simple tincture of guaiacum, in small doses frequently repeated, than from the ammoniated tincture. Regarding tonsilar pus formation, he could not recall a collection existing in the gland itself. He had found some difficulty in keeping open the incision, especially in children.

Dr. J. S. Wellford disagreed as to the infectiousness of tonsilitis, for he had seen numbers of individuals who had several attacks other members of the family escaping. In elderly people the tonsils were often absent due to destructive effects of abscesses; and he, therefore, was of the opinion that these abscesses were tonsilar and not peritonsilar, the pillars being still present. He thought that follicular tonsilitis in the early stage, was easily diagnosed from diphtheria, the latter almost invariably commencing at one point and radiating therefrom, while the former involved a number of points at first separate, but later coalescing. In nine out of ten cases, thorough cauterization of each point with nitrate of silver, and the use of an astringent gargle were all that was necessary.

Dr. H. H. Levy said that follicular tonsilitis could be invariably diagnosed if seen before thirty-six hours had elapsed from the beginning of invasion, because of the isolated spots which represented exudation in the lacunae. Notwithstanding Jacobi's statement, he had never seen diphtheria begin in spots, and to disprove it, had made often, bacteriological examinations. The disease could be cut short by proper treatment. An ordinary case recovered of itself in five days sometimes three days, if the throat was kept clean, as by a salt wash. Where there was headache, intense limb pain and high temperature, he gave sodium salicylate. If the temperature were not high and pain not great, he gave internally, bichloride of mercury and tincture of iron; and he had seen a spray composed of bichloride of mercury, gr. j, chloride of ammonium, gr. xx and water, ʒij, used every hour or two, cause entire disappearance of the deposit in thirty-six hours.

Dr. R. D. Garcin did not believe in the bacterial origin of tonsilitis, his experience coinciding with that of Dr. Wellford. He did believe, however, that rheumatism was a predisposing cause. In his own case, salicylate of sodium was the only agent that gave relief; and in another in which there was a temperature of 107 deg. F., and the tonsils had been twice lanced, the remedy reduced it. His patients did not recover in five days, though the acute symptoms might subside in that time.

Dr. Levy said that he and most physicians, believed that bacteria did cause disease; that a great many of them existed in the mouth; and that physicians ought to preach that under certain circumstances they might cause disease in various parts of the body. In a number of hospitals, cleansing the mouth was preliminary to operation, because during anesthesia the patient might suck material into the lungs and produce pneumonia. The absolute strength of the body depended upon the health of the cells of the body; and that part which was weak fell prey, under exposure, to disease; that healthy, did not.

Regarding its duration, he had never seen follicular tonsilitis last longer than five days.

Dr. Wellford rejoined that it was not necessary to explain inhalation pneumonia by a germ which might have remained dormant otherwise. Ether was a compound body the decomposition of which to obtain its oxygen, strained the lungs. Chloroform did not produce the disease because it did not contain oxygen. He contended that nine-tenths of all affections were due to ptomaines, not bacteria. If the cells were weak why could they not produce disease in the absence of grems?

Dr. W. F. Mercer stated that pus in the tonsils was rare. He had seen but one or two cases in which it had originated as the follicular form. In differentiating tonsilitis from diphtheria, it would be well to bear in mind that the exudate was more of a whiteish-yellow and that in every case, the tongue was heavily coated, which, as a rule, was not true of diphtheria at first.

Dr. Gray in closing the discussion, said that he had often noticed the discrete follicles mentioned by Dr. Wellford, and thought them a valuable point; but had never seen an account of them as of diagnostic value, in any literature. As to the infectiousness of the disease, he had read an article since writing his paper, which stated that follicular tonsilitis was an acute infection having an incubation period of four days. He thought it strongly probable that this was true, but whether it was due to a germ existent in the throat in health, or one adventitious, no one could say. He believed that some individuals were predisposed to it; that by some hygiene violation, a point of diminished resistance was produced in the tonsils; but without the added germ, the disease was impossible. He agreed with Dr. Levy regarding

this. He had found that ninety per cent. of his cases of follicular tonsilitis never had rheumatism; but it would be strange if two such common affections were not coincident at some time.

THE MOSQUITO.*

By Ennion G. Williams, M. D., Richmond, Va., Prof. Histology, Pathology and Bacteriology in Medical College of Virginia, Pathologist to Old Dominion Hospital, etc.

I am not an authority on the mosquito, and the information I am about to impart is derived chiefly from the government reports and that valuable book "The Mosquito," by Dr. L. O. Howard, our government entomologist. This should be widely distributed in every community where there are mosquitoes and malaria.

Like so many advancements in medicine, the mosquito theory of the transmission of disease has been subjected to the purging fire of ridicule and skepticism. The theory is still in its infancy; and may be modified in the process of further investigation, but the fact is established that the mosquitoes are concerned in the transmission of three diseases or, in other words, that they are the intermediary hosts in the development of the micro-organism of malaria, yellow fever and filariasis. Even if this were not true, knowledge of the mosquito might still be within the sphere of the practitioner who is concerned in the promotion of health and comfort as well as in healing the sick. Who can deny that the common culex with its proclivities for sucking human blood, is not a disturber of the peace and a public enemy, as well as her sister—the murderous villian—the anopheles? A member of the academy is absent tonight because an abraded mosquito bite furnished an open door to the enterance of pyogenic bacteria.

It is interesting to know that the relation between mosquitoes and malaria was first suggested about twenty years ago, by an American physician, Dr. A. F. A. King, and first demonstrated by an Englishman, Dr. Ross; and later on, by the Italians, Bignami, Grassi and Bastianelli, and the German, Koch.

There are about two hundred and fifty known species of mosquitoes, of which only about thirty have as yet been found in the United States. They are very widely distributed. The gold-seekers of Alaska have as great stories to tell of their numbers and ferocity as the pleasure seekers of the Jersey coast. A gentleman recently wrote from Alaska that they "existed in countless numbers, driving us to the verge of suicide and insanity." It is said that "in Lapland, their numbers are so prodigious as to be compared to a flight of snow when the flakes fall thickest; or to the dust of the earth. The natives cannot take a mouthful of food, or lie down to sleep in their cabins unless they are fumigated almost to suf-

*Read before the Richmond Academy of Medicine and surgery, Sept. 24. 1901.

focation. In the air, you cannot draw your breath without having your mouth and nostrils filled with them." Indeed some of the mosquito stories vie in point of credibility with the proverbial fish stories. Perhaps, the fact that three of the four stages of their life are spent in water, would justify one in speaking of mosquito stories as fishy. The most classical and historical account of the effect of these insects is that given by Theodoretus, who said that when Sapor, king of Persia, was laying siege to the town of Nisibis, his army—men, elephants and beasts of burden—were attacked by a plague of gnats, compelling him to raise the seige and putting his army to rout.

The life history of the mosquito is divided into four stages—the egg, the larva and the pupa, and the adult mosquito. Each stage is distinct, and brought about by a sudden transformation. The new form comes from the shell of the previous form. The eggs are laid upon the water about two hundred to four hundred at a time. The larva and pupa live in water. They are, how ever, true air breathers, and haveto come to the surface every minute or two to breathe. The length of a generation depends upon the temperature and other surroundings: Egg stage, eighteen hours to three days; larval, seven to sixteen days; and the pupal stage, two to five days. The average combined life of the three stages is twenty-four days. They pass the winter as adults. Hibernating mosquitoes may frequently be found during the winter months, on the walls of barns, in cellars and garrets, beneath large leaves of trees, as the magnolia, and clustering in sheltered places beneath the eaves and in evergreen vines.

The mosquitoes are normally, vegetarian in their diet, and do not at all require blood for their sustenance. Only a small proportion of them ever have an opportunity to satisfy this depraved taste, for countless numbers of them live and die in swamps which warm blooded animals never penetrate; and, moreover, they are found in the uninhabited regions within the Arctic Circle.

The *genera* with which we most have to do are the *Culex* and *Anopheles*. The males of both families are readily recognized by the antennae, which are densely covered with long hairs, analogous to a bushy mustache; in the female, the hairs of the antennae are short and very sparse. The mouth pieces of the male are not developed to the same degree of perfection for boring the human cuticle as are those of the female. They could not draw the blood if they would. They are, therefore, harmless, and the females are the members of the family who use their mouths most effectively, a not inhuman characteristic, though not a commendable one.

COMPARATIVE DESCRIPTION OF CULEX AND ANOPHELES.

The *eggs* of the Culex are found in an irregular raft-shaped mass

which is usually something like a pointed ellipse—somewhat convex below and concave above, all the eggs standing on end and closely applied side by side in from six to thirteen longitudinal rows with from four to forty eggs in a row. The mass is about a fourth an inch in length, and gray-brown in color. The eggs of the Anopheles are scattered loosely upon the surface of the water, each egg lying upon its side. They are not attached, except that they naturally float close to each other. They are usually from forty to one hundred together.

Larvae of the two forms differ in their structure, food, habits and customary position in the water. That of the Culex has a much larger head than that of the Anopheles. It spends much of its time feeding at the bottom; and when it is at the surface, it holds its body at an angle of 45° thrusting up through the surface film its air tube which projects from the body near the tail. The larvae of the Anopheles habitually remain at the surface. They hold their bodies parallel with and immediately below the surface film. The long fringes of the mouth parts of both species work violently and continuously, and cause a constant current toward the mouth, of particles floating on the surface of the water which thus gradually converge to this miniature whirlpool and enter the alimentary canal. It has never been observed that male mosquitoes sing.

Pupae of both forms breathe by means of tubes resembling ears on the top or their head. The pupa of the Culex has not so large a head and hangs more vertically than the pupa of the Anopheles.

The characteristic points of difference between the adult Anopheles and Culex are the presence of dark or brownish spots on the wings of the former, due to thicker growth of fine hairs in these regions. The palpi are as long as the proboscis. Thus observing the Anopheles with the unaided eye or with a hand magnifying glass, we see five projections from its head, the central one the proboscis, and on either side the palpi of equal length with the proboscis. External to these are the hairy antennae. In the Culex, the palpi are only one-third as long as the proboscis. Another point of difference is that the song of the Anopheles is several notes lower than that of the Culex. Dr. Howard facetiously remarks that an interesting parallel to this is the fact that the villian in the play usually has a base voice.

It is said that in the position of the Anopheles, the body and proboscis are a straight line and almost vertical to the surface; but that the body of the Culex rest parallel with the surface and the proboscis is bent downward, giving the insect more of a humpbacked appearance.

Mosquitoes breed wherever there is standing water, as swamps, rain barrels, cisterns, holes in the

ground, old tin cans, broken bottles and, in fact,—any place where water stands for two or three weeks, should be looked upon as a breeding place. The larvae of the Anopheles have a special fondness for pools near a river bank and among the rocks where there are water plants. I have not been able to find any larvae of the Anopheles in rain barrels or small pools in the city, but I did find some among the rocks on Belle Isle. Mosquitoes do not thrive in salt sea water, only in fresh, or brackish water.

Knowing now the life histories and characteristics, we can intelligently direct our efforts at their extermination. Among the natural enemies of the mosquito are dragon flies. Not only as adults do they capture and devour adult mosquitoes, but their water forms feed upon those mosquitoes. Larva and pupa furnish juicy morsels to the other forms of animal life that dwell in the same pool. Little fish eat them. It was interesting to find, while recently looking among the rocks at Belle Isle, that in those holes where I found other forms of animal life, there were very few or no larvae, whereas in other pools where there was not other animal life, they flourished abundantly. Leather winged bats and other birds feed upon them. Perhaps the ladies would have less antipathy to the bats that set up such a commotion by their presence in a parlor on a summer's evening, if they knew that the bats' chief occuption in life was to make the insects "cease from troubling."

Many drugs have been used to keep away mosquitoes: Camphor rubbed upon the face or hands, or a few drops put on the pillow at bed time; oil of pennyroyal and the oil of lavendar have this effect. Among the remedies for bites have been recommended glycerine, indigo and household ammonia. An old fashioned way to kill mosquitoes is by means of a tin cup containing kerosene, nailed to the end of a stick long enough to reach the ceiling. The cup is placed under a mosquito which drops into the oil and dies.

The proper way to fight mosquitoes is by measures preventing their development. This is accomplished by abolishing the breeding places and by destroying the larvae. In nearly every locality, these measures are feasible and practicable, and there is no necessity for mosquitoes. Their presence may usually be attributable to ignorance or negligence on the part of the community or individuals. The three main preventive measures, as Dr. Howard says, are the draining of breeding places, the introduction of small fish into fishless breeding places and treatment of such pools with kerosene. Kerosene on the water prevents the larvae and pupae from projecting their air tubes through to the surface, and obstructing the tubes causes their death. These are three alternatives, any one of

which may be used where there are reasons against the trial of others. The quantity of kerosene necessary is approximately, one ounce to fifteen square feet of water surface; and ordinarily, the application need not be renewed for one month.

LIFE HISTORY OF THE MALARIAL PARASITE IN THE MOSQUITO.

As you are all familiar with the development and the life cycle of the malarial plasmodium in the blood of animals, I will describe only the cycle of development of this parasite outside the human body, which so far, has been found to occur only in the body of the mosquito of the Anopheles variety. Instead of the parasite multiplying by the formation of spores as in the blood, the parasites, which are taken into the stomach of the Anopheles, develop into two forms, one having projections or flagellae, the other without them. The flagellae break off from the one and fuse with the other form. The union of the two constitutes the fertilization of the organism. The fertalized organism now attaches itself to the wall of the stomach and penetrates the inner coat, locating itself just under the outer muscular coat of the stomach. It now increases rapidly in size, until eventually, it becomes five times as large as at first. It is now known as a *zygote*. Upon the surface of the zygote clear spaces which are called centromeres, begin to appear. These centromeres are soon surrounded by minute, short dark lines which under a very high power of the microscope, are seen to be spindle shaped cells known as blasts. The blasts increase in size until they fill the entire zygote, obscuring the centromeres. Then the zygote bursts and the blasts are liberated through the muscular wall of the stomach into the body cavity of the mosquito. The blasts are very active, and penetrate into the tissue of the salivary duct, and so into the proboscis of the mosquito. With the saliva or poison, they enter the blood of the next warm-blooded animal that the mosquito bites. The time required for the development of the blasts in the mosquito is about twelve days. It is supposed that the blasts enter the red blood corpuscles, and as the hyaline form of the malarial plasmodium, the development proceeds.

SOME OBSERVATIONS ON THE DIAGNOSIS AND TREATMENT OF CROUPOUS PNEUMONIA.

By W. F. Mitchell, M. D., Shelby, N. C.

A disease so prevelent as that of pneumonia, and which terminates fatally in about one case out of every five in the healthy adult, and a much larger per cent. after middle life, must be classed among the fatal diseases. No age is exempt from pneumonia, for it is met with in childhood, adult life, and is the cause of more deaths in the old age than any other acute disease. The diagnosis of pneumonia usually presents little or no difficulty to the intelligent physi-

cian. There are, however, exceptions to this rule for the symptoms of the onset are sometimes very misleading. The cerebral symptoms at the beginning of pneumonia are sometimes so violent that the symptoms referable to the lungs are completely overshadowed and we may be led to suspect a meningitis. In quite a number of cases the pain is refered entirely to the abdomen and not infrequently to right iliac region with a little or no indication of lung trouble. The true nature of the disease is of course revealed after a through examination of the lungs, but unless the physician bear these points in mind, he may be thrown off his guard, and make an error in the diagnosis. The symptomatology of croupous pneumonia is so much like that of pleurisy, broncho pneumonia, and incipient phthisis that no physician should be satisfied with mere symptoms, but should confirm his diagnosis by the physical signs.

The physical signs are in a majority of all cases well defined, and the area involved can usually be clearly marked out.

Many drugs have been used and advocated in the treatment of pneumonia. but so far as I am aware, there are none that shorten the course of the disease. While I believe the disease to be strictly self-limited, its termination is certainly very much influenced by treatment.

High temperature and heart failure are the dangerous symptoms and it is of prime importance that the heart be sustained and the fever controlled.

For the acute pain at the onset of pneumonia nothing affords such relief as a hypodemic of morphia, but after the congestive stage opiates, are not called for unless it be to produce sleep. In my experience, strychnine has given better results than any other drug in the treatment of pneumonia.

It must be given in large doses and throughout the attact. I am in habit of giving 1–30th of a grain of strychnine every four hours combined with small doses of quinine and capsicum. In addition to this 1–30th of strychnine is given hypodermically one or more times in 24 hours.

Much larger doses can be given if the urgency of the case demands it. Strychine, aside of being one of the best heart stimulants, relieves the urgent dyspnoea and allays the unpleasant nervous symptoms.

Externally, one or two ice bags are applied directly to the pneumonic spot and kept in place until the fever falls or resolution sets in.

The first application of the ice bag may cause a momentary shock to the patient, but as soon as the fears are allayed this treatment proves to be most grateful. The beneficial effects of the ice bag are seen in the lowering of high temperature, quieting the nervous symptoms and probably limiting the area involved. This has been, in the main, my treatment of pneu-

monia for the past 2 years, and the results have been more satisfactory than with other form of treatment.

A CASE OF DOUBLE PAROTITIS COMPLICATING SUPPURATIVE PYELITIS AND CHRONIC COLITIS. AUTOPSY.

By W. C. Kluttz, M. D., Salisbury, N. C.

There is very little to be found on Parotitis complicating other diseases, in recent medical literature. Paget's (1) series of articles in 1886 seem to have wellnigh exhausted this subject and his explanation that a sympathetic relation exists between the Parotid gland and abdominal viscera, or viscera in relation with the peritoneum, has held its own to the present day. Another explanation is that given by Tayler (2) in the London Lancet, 1886. He thinks that septic parotitis is part of a general sepsis inasmuch as it is almost invariably associated with a microbic process elsewhere, and as a rule goes on to suppuration. But in nearly all the cases reported and confirmed by post-mortem examination there was only the parotid abscess as the evidence of general sepsis, without complications in the lung, liver, or spleen, as would be expected if the parotid disease was part of a general pyemia. It has been thought probable that the bacteria infect the gland through Stenson's duct, the general condition of the patient being a predisposing factor.

In the majority of instances in which the septic parotitis was observed, the patient was in an extremely low state, and as the mouth is normally the habitat of pyogenic bacteria, and in such depraved states probably teems with them, it is not surprising that contiguous glands and cavities (middle ear) may become involved.

Septic parotitis occurs more frequently as a complication of typhoid fever than of any other single disease. According to Osler (3), it develops usually in the third or fourth week, as a rule goes on to suppuration, and does not necessarily imply an unfavorable prognosis. Pneumonia, gastric ulcer, ovariotomy (6), and traumatic injury to the abdominal wall, or peritoneum, are other conditions in which, or after which, parotitis has been observed. It has been noted, although very rarely, in association with chronic bright's disease with contracted kidneys, fracture of the ilium, operations on the cervix uteri, and Cholecystis, the latter in a case reported by Atkinson (4), in which there was a history of a recent attack of typhoid fever.

Osler (5) reports a case admitted to the Philadelphia Hospital in October 1888, as the only one, up to that time, he had seen as a sequel to pneumonia. In his case there was suppuration in the parotid gland, as determined by autopsy. Since then there have been 17 cases of pneumonia with this complication, reported by different authors. It has been shown by several authors that secreting

glands of the body are actively engaged in the elimination of micro-organisms, and that the salivary glands as well as the liver and kidney, are concerned in this process. If this is true, it is not unreasonable to assume that some of the cases of parotitis are due, not so much to bacteria entering by way of Stenson's duct, or to a general infection (septic), but to an effort on the part of the gland to eliminate bacteria that have entered the blood from some primary septic focus.

If this theory is correct, we would expect a priori, but rarely perhaps, a septic pancreatitis. We have no evidence on hand showing that this really occurs, but a careful search for this condition might at some time be found successful.

It seems likely that in some vague cases we may be helped to a diagnosis by the presence of parotitis. Thayer has reported a case in which typhoid fever was diagnosed after the parotid swelling had appeared, the latter condition first giving the clue to the typhoid fever. It applies as well to the other abdominal conditions, and in the present case the diagnosis was clearer after the parotitis appeared. It came on after the diarrhea had ceased, making us think the patient was suffering from the diarrhea common to old men, in cities at least. The septic temperature, the presence of pus in the urine which was freshly drawn, and acid, and latter the parotitis, were the points on which the diagnosis was made.

The history of the case we have to report, is as follows :

Edward Riley, aged 72, a laborer by occupation, an American by birth, was admitted to the PhiladelphiaHospital from the out wards on July 16th, 1900, his chief complaint being incontinence of urine.

He had been troubled with this for some time, and was compelled to rise at night to pass water. On account of his mental state—he was semi demented—it was impossible to obtain a more definite history. He had had a diarrhea in the out wards, which persisted for several days, probably three, after his transfer to the hospital.

He is a rather poorly nourished man, somewhat emaciated, with prominent malar bones. There is a complete corneal leucoma of the left eye, and a marked arcus senilis in the right. The temporal arteries are tortuous, and like the radials, very calcareous.

The chest is emaciated, the supra and infra-clavicular fossæ deep. The apex beat is not palpable, but there is a well marked epigastric pulsation. At the aortic cartilage, there is a systolic murmur, lowpitched and not transmitted. The sounds at the apex are very feeble. There is a systolic murmur at the apex, heard best half an inch within the nipple line. It is harsher than the one at the aortic cartilage. The area of cardiac dulness does not seem enlarged to percussion. There is only fair lung expansion, and on percussion over the lungs, there is

exaggerated resonance, of a peculiar bandbox quality. The abdomen is somewhat rounded, with some hypogastric prominence, over which area, and generally over the abdomen, there is a tympanitic note. The hepatic dulness extends from the 5th interspace to the costal margin in the nipple line. The spleen may be slightly enlarged. The plantar reflexes are active, with normal flexion of the toes. The tongue has a black coating over a small area on the dorsum. He has a peculiar habit of contracting the superficial muscles of the neck, comprising the thyro-hyoids and genia-hyoids, causing transverse wrinkling of the skin. This is associated with a persistent sniffling. Since admission he has had diarrhea, and probably had it for some time previous to admission, although there is no record of its duration. His temperature on the evening of admission, is 99, the pulse rate 90, and the respirations 18 per minute.

7-18-1900; the patient was catheterized today, giving six ounces of residual urine, and evidence of pyelitis, on examination of the urine.

This examination showed a sp. gr. 1008, a turbid amber color, an acid reaction, and microscopically, a distinct number of pus corpuscles, large bladder cells, and micrococci. There was a decided ring of albumen, using the contact test. There was no sugar.

The patient imagines himself in the House of Correction.

The epigastric pulsation is very marked, is situated a little to the left of the ensiform cartilage, and gives on auscultation a heavy, booming, sound. There is no expansile thrill, nor is there pulsation over the back or elsewhere.

The temperature has risen to 103° tonight, the pulse rate to 120, the respirations to 34. The diarrhea has almost entirely ceased. An examination of the blood on the 19th of July, gave 3,200,000 red cells, 16,000 leucocytes, and 55 per cent hemoglobin.

The patient is partly stuporous today. 7-20-1900. He is practically unconscious this morning at time of rounds. There is a decided swelling of the left parotid gland, which is very tender to the touch. It does not fluctuate, but the determination of this interferred with by the edema over the surface of the gland. Eploratory puncture in several parts of the gland yielded nothing but several drops of serum, which showed merely leucocytes with prominent granular matter, on staining, and in the fresh state. There is beginning swelling of the right parotid gland, just below the ear. Rectal examination shows a moderately enlarged prostate, and gives a great deal of pain, but is otherwise negative. The temperature today ranges between 101° and 102°, the respirations are 40, the pulse 108.

7-21-1905. The patient is much weaker, the pulse hardly palpable, (84 to the minute) the surface of the body is covered with cold,

clammy sweat, and the arms are cyanosed. He died at 11:30 a. m. The temperature had come down to 99 3-5° about three hours before death. The autopsy was done next day (22nd) by Dr. J. Dutton Steele, who made the following pathological diagnosis :

Suppurative Pyelitis. Chronic Cystitis. Chronic Ulcerative Colitis. Mitral Insufficiency, and Atheroma of the Aorta. Double Parotitis.

BIBLIOGRAPHY.

(1.) Paget, London Lancet, 1886, 1-732 Secondary Inflammation of the Parotid Gland.

(2.) Taylor, London Lanet, 1886, Vol. I.

(3.) Osler, Text book, Practice of Medicine, p20.

(4.) Atkinson, report of two cases of Parotitis following visceral inflammation. Johd Hopkins Hospital Bulletin, Baltimore, 1897, Vol. 8 pp. 204-207.

(5.) Osler, Parotitis in Pneumonia, reprint from University(?) Medical Magazine, 1888.

(6.) Goodell, W. Inflammation of the Parotid Glands following operation on famale genitals. Tr. Amer. Gyn. Society, 1885, N. Y., 1889. pp. 211-220.

John's Wife—"So you're home at last, are you? And what's that powder on your sleeve?"

John—"Oh, m'dear—thash all ri'. Sat next to a miller in the train. Thash all ri'. 'Tis but a lil' faded flour."—*Pick-Me-Up.*

Cincinnati to Enforce Tuberculosis Fumigation Laws.

The health authorities of Cincinnati, O., are preparing to wage warfare on tuberculosis such as has never been waged in the West. The efforts of the department are now to be directed toward the prevention of the spread of the disease. Among the regulations is one that provides for the disinfection of every room where a death from tuberculosis occurs. This has only been an enabling regulation heretofore. The department has, however, announced that it will be mandatory hereafter. Every room where a consumptive dies will be fumigated and disinfected after the most approved modern methods — *N. Y. Medical Journal.*

An Improvement on Christian Science.

Among the natives of the New Hebrides it is the custom, during the prevalence of any epidemic disease, to seek to appease the Divine wrath by strangling the parents of the children and young persons who die. At the present time dysentery exists there, and the mortality from strangling is said to exceed that of the prevailing disease. The treatment there is on the Christian Science order through the incantation of healers or medicine men, which suggests the idea that it might be well always to associate the penalty with this form of treatment. It would no doubt lead to the saving of many lives of innocents now sacrificed to parental fanaticism.—*Medical Record.*

REVIEW OF MEDICAL AND SURGICAL PROGRESS.

Rheumatism.

Stengel (Medical News) remarks, after studying the bacteriologic nature of rheumatism, that it is important to recognize several fundamental facts as regards treatment: First, the tendency in many cases toward spontaneous recovery; second, complications, such as endocarditis, pleurisy, pericarditis, etc., are frequent and more likely to occur in protracted cases than in those of short duration; third, the complications are probably, as a rule, secondary to joint disease and not to the infective lesion—such as tonsillitis—that was the primary focus, consequently the severity of the local joint lesion bears a relation to the likelihood of the development of the complications. He states these facts as probable, not as absolutely proved. Of the drugs used in the treatment of rheumatism, the salicylates hold the first place, and if they are not specific in their action they at least relieve pain. He also mentions as another valuable method, fixation by splints of plaster, which he thinks is often the best method of producing rest for the parts. He has used the plaster cast considerably in gonorrheal and polyarticular types, and thinks its beneficial effects are immediate. In polyarticular rheumatism it has been most useful when the knee, elbow, and ankles have been affected. The wrists and smaller bones can be managed with splints and in other ways quite as satisfactorily. In some cases of rheumatism, where rebellious to treatment with the salicylates and rest and the general condition is unsatisfactory, tonics are advisable, and in a number of cases of this sort he has employed small doses of bichlorid of mercury with good result, and attributes this to the tonic influence of the drug. It seems to be of value as a stimulant of hemogenesis or as a tonic, not as an antiseptic. Other tonics may be of use, such as iron; strychnia and the iodids are of undoubted value in some chronic cases. In conclusion, he mentions the serum treatment, and he has made a few trials of antistreptococcic serum in cases of obstinate rheumatism in which improvement soon followed the injection. The dose was one third the customary amount employed in streptococcic infection, and the remedy was administered every other day for a week or more, when ordinary treatment was resumed. While conclusions would be rash from this limited experience, he thinks the method deserves further trial.—*Journal American Medical Association.*

Protargol in Ophthalmia Neonatorum.

Nicolas Guerola, in an inaugural thesis presented to the National School of Medicine in Mexico (*Anales de Oftalmologia*, November,

1900) gives a systematic report of the results obtained by him in treating the condition with protargol, and in all cases the clinical diagnosis was confirmed and verified by a bacterial examination, both before and after treatment. In many of these cases one eye was treated with the nitrate of silver, 2½ per cent. with protargol 50 per cent. The results would show in favor of the use of protargol for in almost all cases where the two eyes were differently treated that with the protargol recovered quicker than the one treated with the silver. Where protargol was used for both eyes recovery varied from 10 to 15 days. In one case protargol 20 per cent. was used and recovery was reported in 13 days. Between the local applications of silver salt, an eye wash of boric acid was used.

He refers to the same advantages which others have found in using protargol, i. e., its painlessness, even in 50 per cent. solution, as compared with the nitrate of silver, the fact that the protargol forms no precipitate such as does the nitrate and therefore leaves the eyes clearer; its harmlessness when the cornea is affected. He has also used protargol in the prophylactic method of Crede (10 to 15 per cent., and has not been disappointed in it. — *Annals of Opht.*

Oversupply of Medical Graduates.

There are probably between 115,000 and 125,000 medical practitioners in the United States, or one to about every 600 of the population. Every year about 1,600 of them, more or less, may be expected to die. The loss by emigration is practically nothing. The territory is rapidly being filled up and some of the newer states have already a larger proportion of physicians than some of the older ones. In 1890 we were sixty-five millions, in 1900 we are seventy-five, an average net annual increase of 1,000,000 which at the ratio of one physician to 600 people (hardly a living ratio for the doctor) would make places for nearly 1,700 additional physicians annually. This, therefore, with the 1,600 or so vacancies by death, would make room for nearly 3,300 new doctors each year, provided the same annual increase in population continues, which is perhaps dubious. Our 160 medical colleges, however, turn out anually a crop of nearly 6,000 graduates, or over 2,000 more than can thus be provided for. These figures, it should be remembered, do not include a vast number of off-colored practitioners, who nevertheless have their share of public patronage and thus serve to curtail the means of support of the recognized physicians, nor the accession from outside the country by immigration. These facts are reviewed in a recent issue of the Chicago Tribune with comments such as would naturally be made upon such a showing. It is well for us to occasionally refresh our memory with these figures, bearing

as they do on some questions of really vital interest to the profession. It is certain that the multiplication of doctor-factories has gone far enough in this country, though as yet it does not seem to have been checked. It is not a dignified comparison, that of the medical graduate to the outpout of a machine shop; but the same principles of political economy apply in a measure to both. Overproduction in either has its bad effects, and we have not the resource of a foreign market enjoyed by the ordinary manufacturers. The same evils of excess of doctors are complained of abroad, though infinitely less evident than here, and we will apparently soon have little prospect of a satisfactory future for the American medical graduate either here or elsewhere.—*Ed. Journal A. M. A.*

Indiscriminate Surgical Operating.

Nothing impedes surgical progress so much as indiscriminate operating. There are two classes of indiscriminate operators: those who operate solely for pecuniary reasons, and those who operate because of a mania to do surgical work. These men do not hesitate to plunge the knife into any person, under any circumstance, regardless of consequences. The latter class is largely in the minority, but the dangers are relatively as great, for many of them have no control over themselves, and operate upon cases which the most insignificant tyro should be able to see were inoperable. This reckless surgery can not last long under the glaring searchlight of the public eye, because the American people are alive to the fact that there is a great deal of unnecessary operating done, and will not be slow to rebuke the men who do this indiscriminate work. Those parasites of the profession are constantly on the alert for business, and some of them have gone so far as to adopt and advertise that abominable practice of fee-splitting to secure business. This has resulted in much unnecessary operating. A brings B a case supposed to need some kind of surgical work; B examines patient; A has already notified him that there is a fee of one, three, or five hundred dollars for any operation; that these people are able and willing to pay liberally to be rid of the trouble, whether imaginary or real. The result is, if the patient be a woman with abdominal trouble, they will remove the ovaries and colleet the fee. If it is not a case of so much gravity, there will be some arrangement made by which the fee can be secured all the same, possibly an exploratory operation, and the fee collected. It may be simply leucorrhea, which could be cured by proper medication. The pseudo-gynecologist or surgeon examines the woman, looks wise, and says to the patient and doctor that nothing but curetting will cure her. The husband will stand nonplussed at the technical phrases, while the poor woman shivers in

mortal terror, awaiting the decision and explanation of what curetting means. Finally the woman is anesthetised, and in many cases the lining of the healthy womb is torn and lacerated in an unskillful manner by the curette in the hands of a man who is illy fitted to do such work, for there is no more dangerous and difficult work in surgery than curetting, and yet every cross-road surgeon is ready and willing to attempt it. No less authority than Dr. John B. Deaver has classified curetting of the uterus as one of the three dangerous operations, which are considered harmless by many physicians and surgeons.

The evil results of indiscriminate work are manifested in many ways; woman are unsexed unnecessarily, abdomens are opened unnecessarily, livers are cut into that should not be touched, and humanity is maimed in a thousand ways and no benefit gained, and even death is frequently the result of these operations. It has not been many months since a pregnant uterus were cut into in this vicinity, but I am glad to say that the surgeon did not live in Louisville. This woman died. It would seem in this enlightened age that no man is excusable for opening a pregnant uterus without knowing that it was in that condition before doing so. There are but few conditions where the demand for exploratory operations are warranted, and in this case certainly the fetal movements could have been detected, as we understand the woman was five months pregnant. This case is mentioned to illustrate the extremes to which this reckless operating is carried. This young man, no doubt, had been emboldened by success in a case or two, and probably had he listened to his advisers this accident would not occurred. We write this to admonish these reckless and indiscriminate operators. Davy Crockett's advice is good, "Be sure you are right, then go ahead." But do not fail to take all precaution necessary to insure the fact of being right.

The foregoing in no sense applies to the many learned, experienced, and honorable surgeons and gynecologists in this country.—*Editoral of American Practitioner and News.*

Dr. Hoff's Treatment of Pulmonary Tuberculosis.

Our yellow journals, which had been pining for some stirring sensation for quite some time, have discovered a new, marvelous, infallible treatment for pulmonary tuberculosis. Unfortunately, the treatment is neither new, nor marvelous, nor infallible, and Dr. Adolph Hoff, a modest assistant at Prof. Stoffella's clinic, little expected that when outlining his treatment of dispensary patients in the course of an ordinary article in a medical journal[1] he would be taken up by the sensation mongers and treated as one of the greatest discoverers and benefactors of mankind.

1 Wien. med. Woch., 1900, Nos. 47, 48.

The principal combination administered is made as follows:

Arsenous Acid	1½ grn.
Potassium Carbonate	3 grn.
Cinnamic Acid	4½ grn.
Distilled Water	80 min.

Make a perfect solution by boiling; then add:

Extract Opium (Aqueous)	4⅓ grn.
Cognac	6¼ dr.
Distilled Water	6¼ dr.

Dissolved and filter. Of this mixture, 6 drops are given at noontime and the evening after meals; the dose is gradually increased up to 24 drops.

Should the fever persist, as it does in a few instances, the following mixture is given:

Quinine Sulphate	8 grn.
Aromatic Sulphuric Acid	12 min.
Tinct. Quinoidine	40 min.
Syrup Cinnamon	5 dr.
Cinnomon Water	2 oz. and 3 dr.

Tablespoonful three times a day.

Where the cough is very annoying and troublesome, dionin is prescribed with good effect. The formula is as follows:

Dionin	3 to 5 grn.
Ammonium Chloride	5 to 8 grn.
Sodium Chloride	2½ dr.

Divide into ten powders. One powders once, twice and up to four times a day, according to indications.

In addition to this medicinal treatment, hydrotherapeutic, measures play a very prominent part. Cold water is applied to the chest and back every night, and the applications are followed by a thorough friction; after the skin is dry, a sleeveless jacket, wrung out of cold water, is put on, and a dry shirt slipped on over it. The jacket is removed in the morning, as soon as the patient gets up; the chest is dried, the cold water applications, followed by friction, are repeated, and the patient then dresses.

As will be seen from the above, the treatment is a good, commonsense one, but it does not contain a single drug or measure which has not been used before in the treatment of pulmonary tuberculosis.—*Merck's Archives.*

How to Treat Muscular and Joint Sprains of Railway Employees.

By HALDOR SNEVE, M. D.

Of 622 accidents occurring on the Chicago Great Western Railroad for the year 1899, 90 cases were reported as sprains or strains, making a percentage of 14.45. By far the largest number of sprains reported were of the ankle and foot, twenty-two cases out of ninety. Wrists were next in order with fifteen cases. The strains were more of the back, lumbar region, the cases numbering eighteen. In the treatment and results of these cases the author's experience leads him to believe:

1. Ligaments are rarely if ever torn in so called sprains, and are never stretched. 2. The pathology in the majority of sprains is a rupture of the areolar and connective tissue around the joint, and a contusion of the lining of the joints. 3. Immobilization of muscles is not rest. On the contrary, in all sprains the muscles should have passive exercise the first few hours, and days, and active exercise after that. In the majority of cases active exercise should be instituted from the first. 4. The plaster casts should not be used at all, even in cases where we have a

fracture, unless it be impossible to maintain a proper position of the joint. 5. Hydrotherapy in the shape of ice applied over a wet cloth the first few hours; water in the shape of hot fomentations or the Scottish douche, where we wish a stimulation, is of great value. 6. The counter-irritation of static of static electricity in conjunction with massage is the best treatment of a sprain. 7. The ambulatory treatment of sprains in conjunction with massage is the best treatment.—*Journal of the American Medical Association, June 1.*

Burdon-Sanderson, in an address on "Our duty to the tuberculous bread-earner," considers certain preventive and general sanitary measures, our duty as citizens and as Christians to the tuberculous toiler, and the kind of help the tuberculous bread-earner requires. It is stated that our main purpose should be to enable the bread-earner whose health has been impaired by disease to make the best of the strength that remains to him. With this view two things are necessary. The first is to bring within his reach havens of refuge, to which he can betake himself with the assurance that he will find an immediate welcome during the periods of temporary illness to which he is liable. The second is to furnish him with the means of relieving himself from the burden of overwork from the moment that the progress of the disease makes him incapable of sustaining it. Reference is made to the importance of prompt admission to hospitals whenever the state of the patient requires it. With reference to the measures to be taken for the prolongation of the life of the tuberculous bread-earner and for the maintenance of his earning power, it is pointed out that rest, good air, and good food are essentials, and that in the case of the poor at least these are to be found only in sanatoriums. Reference is also made to the value of compulsory insurance, such as is in vogue in Germany. Finally attention is directed to the selection of suitable persons for treatment in sanatoriums, to the relation between poverty and the prevalence 'of tuberculosis, to the beneficial influence of residence in sanatoriums, and to certain problems associated with the establishing of sanatoriums in England.—*Am. Med.*

Williams, in a lecture on "The arrest of pulmonary tuberculosis," refers first to quiescent and obsolescent tubercle and describes the encapsulation of a tuberculous focus by a fibrous envelope; then to a second form of arrest—that in which a turberculous nodule becomes obsolescent and surrounded by chronic local emphysema which often prevents the detection of the tubercle by physical signs; then to the contraction of cavities, and finally to calcareous degeneration or transformation of tuberculous foci. With regard to the clinical aspects of arrested

tuberculosis, he refers to the number of persons, between the ages of 18 and 30 years, who give a history of tuberculous symptoms of some weeks or months, have tubercle bacilli in their sputum, and present physical signs of consolidation of one or both apices. These under appropriate treatment for half a year lose their symptoms, the tubercle bacilli in their sputum disappear, and most of their physical signs clear us; and after high altitude treatment frequently all the abnormal signs disappear. The patients have generally gained in strength and largely in weight. A number of illustrative cases are cited. In many of these, however, after the lapse of a number of years signs of tuberculosis again appeared. From this it is concluded that the permanent arrest of tuberculosis is not such a simple matter, but it is surrounded by considerable difficulties. Reference is made to certain statistics of arrest of tuberculosis—necropsy statistics and the test employed by the Imperial Board of Insurance of Germany, the ability of the tubercular patient to return to work.—*Am. Med.*

HE WAS A POLICEMEN.—"I overheard that man who calls on you say something about betting, Bridget; I hope he dosen't frequent pool-rooms?" "Sure, ma'am, he doesn't know there's such a place in New York. He's a polaceman, ma'am."—*Yonkers Statesman.*

The twenty-seventh annual meeting of the Mississippi Valley Medical Association adjourned at Put-in-Bay, after a most successful session, on the morning of the 14th, out of respect to our martyred President. The following officers were elected for the ensuing year: President, S. P. Collings, M. D., Hot Springs, Ark.; 1st vice-president, J. C. Culbertson, M. D., Cincinnati, O.; 2d vice-president, Paul Paquin, M. D., Asheville, N. C.; secretary, Henry Enos Tuley, M. D., Louisville, Ky.; treasurer, Thos. Hunt Stucky, M. D., Louisville, Ky.; chairman committee of arrangements, A. H. Cordier, M. D. Kansas City, Mo. Twenty-eighth annual meeting, Kansas City, Mo., October 1902.

THE TREATMENT OF PHLEBITIS.—M. Edgar Herz (*Journal des praticiens*, August 10th) has obtained good results from the following ointment:

R Ichthyol.....150 grains;
Lanoline, Vaseline, } of each.....750 "

M.

When the phlebitis is of gouty origin he uses the following:

R Powdered colchicum seeds, ..15 gr.
Syrup of marshmallow.....45 "
Extract of digitalis..... 6 "

M.

Make into twenty pills. One may be taken daily.—*N. Y. Medical Journal.*

According to the earliest accounts of history, the art of healing was first cultivated by the Chaldeans, Babylonians and Magi.

SELECTED PAPERS.

SEVERE NEURASTHENIA DEPENDENT UPON ANEMIA.

By Isaac Mayhugh, M. D., Indianapolis, Indiana.

The following case history is interesting for two reasons; first, because the unusually severe neurasthenic symptoms, amounting almost to a decided melancholia, seemed to be entirely due to the patient's anemic condition, and second, because of the prompt and progressive improvement, with increase in weight, which commenced almost immediately after the institution of systematic treatment with Hemaboloids, although the various tonics and alteratives continuously administered during the first four months in hospital failod to be of any service.

M. T., age 40, female, white, married, housewife.

Family History.—Father was a soldier in the war of secession; received some injury about the head from which he suffered temporary periods of insanity, lasting from a few days to a week. At such times he was irrational and sometimes violent; died in the insane asylum at the age of 70. Previous to the war was perfectly well.

Mother died of cancer of the intestine at the age of 65. Previous health good, with the exception of an occasional derangement of digestion.

One brother and one sister living, in good health. One brother and one sister dead.

Personal history.—Patient had ordinary diseases of childhood, with complete recovery from each. Never had a serious illness. Menstruation at 16, painless and regular. Married at 33. Three children. No miscarriages. Labor in each childbirth normal.

Present trouble.—Patient complains of palpitation of the heart, dizziness and loss of appetite, with periods of depression and worry over trivial household affairs. Three months after delivery, she sought medical advice and was admitted to the Union State Hospital, February 11, 1900.

Physicial Examination.—Height, 5 feet 4 inches; weight 79 pounds. Anemic, wasted, dilated pupils and dry, cold skin. Lungs normal.

Pulse rapid, soft compressible. Systolic murmur in second interspace. Hemic murmur in right side of neck over jugular vein. Spleen enlarged. Liver normal.

Tongue coated, pale, flabby. Bowels, sluggish and constipated. Patient refused all food, and attendant was compelled to feed by force.

Patient is also troubled with insomnia, bodily enfeeblement, and numerous disagreeable sensations. Reflexes exaggerated, Gait normal. Station unstable. Eyes normal. Urine clear. Specific gravity 1008. Reaction acid. Albumen

present in small amount. Sugar, none. Urea, 8-10 per cent.

Blood examination.—Color index low. Hemoglobin, 60 per cent. Red cells, 2,500,000. White cells, 14,000.

Diagnosis.—Neurasthenia, due to anemia.

Treatment.—Rest in bed. Massage. Electricity. Liquid diet. Patient fed every three hours. Arsenious acid; elixir of iron, quinine and strychnine. No improvement.

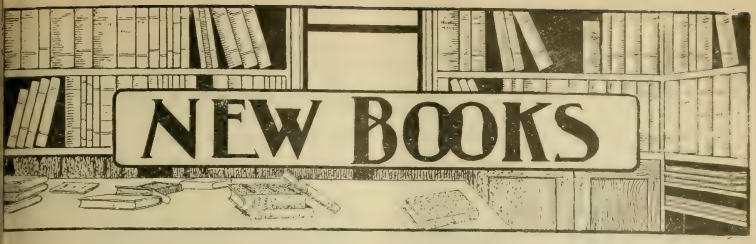
Hemaboloids one-half ounce in half glass of milk three times a day was commenced June 20th.

Date.	Weight.	Hem.	No. of Red B. Cells.	No. of White B. Cells.	Medication.
6-20	80	60 p. c.	2,800,000	12,000	Hem., ℥ss tid
7-20	85	65 p. c.	3,000,000	10,000	" ℥i "
8-25	81¾	70 p c.	3,200,000	9,500	" ℥i "

Patient continued to gain in weight, strength and general well-being; the nervous symptoms cleared up entirely, and on September 30th she was discharged, perfectly well. — *Denver Medical Times.*

Koch's Modified Statement.

Professor Koch has issued a statement amending in two important particulars the address delivered by him before the Tuberculosis Congress in London. In commenting on his address, the Medical Record said that his experiments were practically the same as those of Theobald Smith, although the mention of the latter by the orator was such as to give the impression that Smith had followed and not preceded Koch. He now says, in answer to this criticism, that he laid no claim either to priority or monopoly to any ideas propounded in the address, but "I sought only to tell of my own private experiments, and was, in fact, glad of the opportunity given to mention my contemporaries in some of their experiments, among whom was one of America's greatest medical authorities, Dr. Theobald Smith." Regarding the danger of infection from tuberculous cattle, he said, in the address: "I should estimate the extent of infection by the milk and flesh of tuberculous cattle and the butter made of their milk as hardly greater than that of hereditary transmission, and I therefore do not deem it advisable to take any measures against it." As modifying this uncompromising statement, he now says: "I did not mean to recommend the abandonment of comprehensive and expensive systems of regulation, prevention and inspection that are now in operation. I simply said that it was injurious and unnecessary to go further with systems when we were justified in expecting that our long-sought remedy was found and almost within our reach. Why, then, should we rear higher structures which must inevitably fall to the ground?" He very justly adds that experiment and not argument must now be the watchword of medical and scientific men who would conquer tuberculosis.—*Medical Record.*



New Books Received.

The following Medical Books, fresh from the press of W. B. Saunders & Co., Philadelphia and London, have been received, and will be reviewed in these pages ss early as possible :

Hirst's Obstetrics.

A Text-Book of Obstetrics. By BARTON COOKE HIRST, M. D., Professor of Obstetrics in the University of Pennsylvania. *Third Edition, Thoroughly Revised and Engraved.* Royal octavo, 873 pages, with 704 illustration, many of them in colors. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, $5.00 net.

Dorland's Modern Obstetrics.

Modern Obstetrics: General and Operative. W. A. NEWMAN DORLAND, A. M., M. D., Assistant Demonstrator of Obstetrics, University of Pennsylvania, Associate in Gynecology, Philadelphia Polyclinic. *Second Edition Rewritten and greatly eularged.* Handsome octavo, 797 pages, with 201 illustrations. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, $4.00 net.

Raymond's Human Physiology.

Human Physiology. Prepared with special reference to Students of Medicine. By JOSEPH HOWARD RAYMOND, A. M., M. D., Professor of Physiology and Hygiene in the Long Island College Hospital, and Director of Physiology in Hoagland Laboratory, New York City. *Second Edition, Entirely Rewritten and Greatly Enlarged.* Handsome octavo volume of 668 pages, 443 illustrations, 12 of them in colors, and 4 full-page lithographic plates. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, $3.50 net.

Church and Peterson's Nervous and Mental Diseases.

Nervous and Mental Diseases. By ARCHIBALD CHURCH, M.D., Professor of Nervous and Mental Diseases and Head of Neurological Department, Northwestern University Medical School; and FREDERICK PETERSON, M.D., Chief of Clinic, Department of Nervous and Mental Diseases, and Clinical Lecturer on Psychiatry, College of Physicians and Surgeons, New York. *Third Edition, Revised and Enlarged.* Handsome octavo volume of 870 pages, with 322 illustrations. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, $5.00 net.

Dorland's American Illustrated Dictionary.

The American Illustrated Medical Dictionary. For Practitioners and Students. A Complete Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, aud the kindred branches, including much collateral information of an encyclopedic character, together with new and elaborate tables of Arteries, Muscles, Nerves, Veins, etc.; of Bacilli, Bacteria, Micrococci, Streptococci; Eponymic Tables of Diseases, Operations, Signs, and Symptoms, Stains, Tests, Methods of Treatment, etc., etc. By W. A. NEWMAN DORLAND, A. M., M. D., editor of the "American Pocket Medical Dictionary." *Second Edition, Revised.* Handsome large octavo, nearly 800 pages, bound in full flexible leather. Philadelphia and London: W. B. SAUNDERS & COMPANY, 1901. Price, $4.50 net.

Penrose's Diseases of Women.

A Text-Book of Diseases of Women. By CHARLES B. PENROSE, M. D., Ph. D., formerly Professor of Gynecology in the University of Pennsylvania. *Fourth Edition, Revised.* Octavo volume of 539 pages, handsomely illustrated. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, $3.75 net.

Saunders' Medical Hand-Atlases.

Atlas and Epitome of Special Pathologic Histology. By Docent Dr. HERMAN DURCK, of the Pathologic Institute of Munich. Edited by LUDVING HEKTOEN, M. D., Professor of Pathology in Rush Medical College, Chicago. Vol. II.—Liver; Urinary Organs; Sexual Organs; Nervous System; Skin; Muscles; Bones. With 123 colored illustrations on 60 lithographic plates and 192 pages of text. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, $3.00 net.

Heisler's Embryology.

A Text-Book of Embryology. By JOHN C. HEISLER, M. D., Professor of Anatomy in the Medico-Chirurgical College, Philadelphia. *Second Edition, Thoroughly Revised.* Octavo volume of 405 pages; handsomely illustrated. Philadelphia and London: W. B. SAUNDERS & COMPANY, 1901. Cloth, $2.50, net.

Bergey's Principles of Hygiene.

The Principle of Hygiene: A Practical Manual for Students, Physicians, and Health Officers. By D. H. BERGEY, A. M., M. D., First Assistant, Laboratory of Hygiene. University of Pennsylvania. Octavo volume of 495 pages, illustrated. Philadelphia and London: W. B. SAUNDERS & COMPANY, 1901. Cloth, $3,00, net.

Lockwood's Practice of Medicine.

A Manual of the Practice of Medicine. By GEORGE ROE LOCKWOOD, M. D., Professor of Practice in the Woman's Medi al College of the New York Infirmary. *Second Edition, Revised and Enlarged.* Octavo volume of 847 pages, with 79 illustrations and 20 full-page plates. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, $4.00 net.

Gorham's Bacteriology.

A Laboratory Course in Bacteriology. For the use of Medical, Agricultural, and Industrial Students. By FREDERIC P. GORHAM, A. M., Professor of Biology, Brown University; Bacteriologist to the Health Department, Providence, R. I. 12 mo volume of 198 pages, with 97 illustration,. Philadelphia and London: W. B. SAUNDERS & COMPANY, 1901. Cloth, $1.25 net.

Thornton's Dose-Book and Prescription Writing.

Dose-Book and Manual of Prescription Writing: With a list of the Official Drugs and Prescriptions, and the more important Newer Remedies. By E. Q. THORNTON, M. D., Demonstrator of Therapeutics, Jefferson Medical College, Philadelphia. *Second Edition, Revised and Enlarged.* Octavo, 362 pages, illustrated. Philadelphia and London: W. B. SAUNDERS & COMPANY, 1901. Bound in flexible leather, $2.00 net.

Anders' Practice of Medicine.

A Text-Book of the Practice of Medicine. By JAMES M. ANDERS, M. D., Ph.D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. *Fifth Edition, Thoroughly Revised.* One handsome octavo volume of 1297 pages, fully illustrated. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, $5.50 net.

Mallory & Wright's Pathological Technique.

Pathological Technique. A Practical Manual for Workers in Pathological Histology. including Directions for the Performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By FRANK P. MALLORY, A. M., M. D., Associate Professor of Pathology, Harvard University Medical School. *Second Edition, Revised and Enlarged.* Octavo, 432 pages, with 137 illustrations. Philadelphia and London: W. B. SAUNDERS & Co., 1901. Cloth, $3.00 net.

Vecki's Sexual Impotance.

The Pathology and Treatment of Sexual Impotence. By VICTOR G. VECKI, M. D. *Third Edition, Revised and Enlarged.* 12mo, 329 pages. Philadelphia and London: W. B. SAUNDERS & COMPANY, 1901. Cloth, $2,00 net.

Among the Magazines.

The October Scribner contains the first paper of "With the Cougar Hounds" by Theodore Roosevelt, illustrated by Philip K. Stewart.

The second of three interesting papers on "The United States

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Acidium Salicylic .....1 gr.
Sodium Sulphite.....1 gr.
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A Scientific combination, assuring absolute therapeutic effects indicated in DYSPEPSIA and INDIGESTION, particuiarly when attended with acidity of the stomach.

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Army," by Francis V. Greene. Maj. Genl. U. S. V., with illustrations deals with our army from 1815 to the close of the expedition against the Mormons in 1857.

"Incidents of the Slums," by Walter A. Wyckoff, (another of "The Workers), gives the reader an insight into the lives of the "submerged tenth" and the class just one remove from it.

The short stories are "Oscar and Louise," by Margaret Sutton Briscoe. "A Triumph's Evidence," by William Allen White. "Over Sunday," by Carolya Wells.

The Outlook.

Probably the last literary work done by President Roosevelt before the assassination of President McKinley raised him to the chief executive office of the United States, was the preparation of an article on William H. Taft, Governor of the Philippines. This article was written in August, and appears in The Outlook of September 21. It is particularly noteworthy, not only as a cordial appreciation of Governor Taft's remarkable personal qualities, but as in a measure forsehadowing President Roosevelt's future policy with regard to the Philippines, and as giving strong expression to his personal views on the relation of the United States to their island possessions. ($3 a year. The Outlook Company, 287 Fourth Avenue, New York.)

The Literary Digest of October 5th, under the head of science and invention presents as follows: "Medical Science and the President's Death." "The Balloon as an Aid to Exploration." "Peary's Circuit of Greenland." "Food Value of the Potato." "Facts about American School Children.' 'The Raw-Food Fad." "Fruit for the Thirsty."

Topics of the day are: "How to Deal with the Anarchists." "Limitation of Free Speech." "Conviction and Sentence of Czolgosz." "Anarchy in High Places.' 'President Roosevelt and the Merit' System." "Mr. Low's Prospects in the Mayoralty Race." "General Daggett on the Army Canteen." "Effects of Intoxicants and Opium upon Native Races." Success of Convict Farms." "Topics in Brief."

Removal.

The Rio Chemical Company has moved its offices and plant from St. Louis to No. 59 Thomas Street, New York, this step was taken on account of the growth of their business, (they manufacture "Celerina," "Aletris Cordial" and "S. H. Kennedy's Extract Pinus Canadensis,") which rendered it necessary to open offices in the great metropolis and thus keep close in touch with their foreign offices in London and Paris, as well as to increase their facilities for manufacture and distribution to North and South America.

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A Liquid Beef Tonic, including beef, iron, cinchona and brandy as its chief therapeutic constituents, may reasonably be regarded as capable of 'doing' a great deal. Let us form our opinion by considering separately its ingredients:

"*Meat Juice* is a valuable preparation when a powerful stimulation is required and the digestive forces are exceedingly weak."
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"That *Iron* performs a very important office is shown in the rapid construction of red blood-globules when administered in anæmia. It feeds to the blood a food which it needs."
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"*Cinchona* differs from other stimulants in the duration of its action, which is long-sustained and entitles it to be called a 'tonic-stimulant.'" ALFRED STILLÉ.

"As a food, *Alcohol* adds to the nutrition of the body by its prompt absorption, requiring no preliminary preparation by the digestive organs, which are therefore not taxed in any degree for its assimilation." W. GILMAN THOMPSON.

We feel it to be our duty to mention the fact that Colden's Liquid Beef Tonic [Ext. Carnis Fl. Comp. (Colden), Preparation No. 1] represents the combination of Beef, Iron, Cinchona and Brandy in their most eligible and active forms; while Preparation No. 2 (without Iron) is adapted to such cases as do not require a ferruginous tonic. Reports testify that it has been employed with most gratifying success for about thirty years by many of the best members of the medical profession. They have introduced it into their practice as a standard preparation of Extractum Carnis. We tell this for the benefit of a possible few who may yet be unfamiliar with the Tonic. Sold by druggists generally.

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Laboratory: 115 and 117 Fulton Street, New York.
Samples sent free, on application, to physicians.

MEDICAL NEWS AND ITEMS.

Germany, Russia, and Roumania have decided that in the future no passports will be issued to lepers.

Russia is again threatened with famine, and with it will doubtless come the usual epidemics of relapsing and typhoid fevers.

The health commissioner of Denver has published a circular requesting victims of tuberculosis to abstain from expectorating on streets and in public conveyances.

The board of health, of Manila, in a circular letter has called the attention of physicians to the necessity of extreme caution in the differentiation of the ambulatory type of plague.

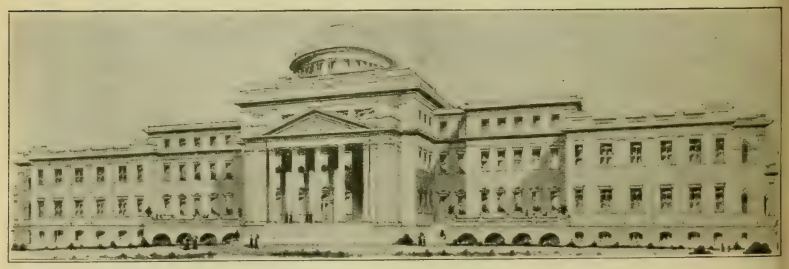
Davenport, Ia., has been fearing an epidemic of smallpox since the public funeral of a man who died from the disease. A private funeral was permitted, but without the sanction of the health authorities public services were held.

The Virchow Dinner, to celebrate in New York the eightieth birthday of the veteran pathologist by his pupils, friends and admirers, took place on Saturday, October 12th., under the chairmanship of Dr. William Osler, of Baltimore.

Japanese dentists, according to a contemporary, perform all their operations in tooth-drawing with the thumb and forefinger of one

Presbyterian College for Women....

Charlotte, N. C.



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hand. The skill necessary to do this is acquired only after long practice, but when once it is obtained the operator is able to extract half a dozen teeth in about thirty seconds, without once removing his fingers from the patient's mouth.

Dr. Winfield Ayres, of Bellevue Hospital, New York, has found a mild solution of adrenalin extremely useful in certain kinds of genito-urinary work. In examining the urethra, an irritable stricture is frequently discovered, the first evidence of the fact being generally a severe hemorrhage, which there is sometimes difficulty in stopping. It occurred to Dr. Ayres to use adrenalin, and he finds it answers the purpose well, a solution of 1:100,000 being sufficient for the purpose.

Dr. J. W. McCowan, of Clinton, La., was shot and killed September 18, by R. E. Thompson, as the result of a quarrel. The victim of the tragedy was a gallant Confederate soldier. During the siege of Port Hudson he entered the Federal lines with six picked men, captured General Neal Dow and carried him away. He was twice wounded. After the war he went to California, where he practiced medicine for twenty years. Returning to Clinton some years ago, he at once assumed prominence. He was appointed a member of the state board of health and caused a stir two years ago by prosecuting President Kohnke, of the New Orleans board of health, for murder, charging him with criminal responsibility for the appearance of yellow fever in East Feliciana.

A Blind Physician.

Dr. Robert H. Babcock, of Chicago, is one of the leading

U. S. MAIL STEAMSHIPS of the

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University of Pennsylvania

Department of Medicine.

The 136th Annual Session will begin Tuesday, October 1, 1901, at 12 M., and will end at Commencement, the second Wednesday in June.

The Curriculum is graded, and attendance upon four annual sessions is required.

Practical Instruction, including laboratory work, in Chemistry, Histology, Osteology, Bacteriology, Physiology and Pathology, with bedside instruction in Medicine, Surgery, Gynæcology and Obstetrics, is a part of the regular course, and without additional expense.

For catalogue and announcement containing particulars, apply to

DR. JOHN MARSHALL, DEAN,
36th St. and Woodland Ave., Philadelphia.

authorities in the West on tuberculosis and kindred pulmonary troubles. Yet since he was thirteen years old he has not seen a beam of sunlight. An accident led to blindness, and for thirty-six years he has acquired knowledge in darkness with almost as much readiness as would the ordinary man who sees. Dr. Babcock was born in Watertown, N. Y., forty-nine years ago. He obtained the degree of M. D., at the Chicago Medical College in 1878, following it with another degree of M. D., from the College of Physicians and Surgeons of New York in 1879. He was one of the ten honor men among 120 students in his class of '79. In 1880 he went to Germany and continued his medical studies for three years. After his return to Chicago he took up the practice of medicine and has won for himself a high reputation. Most of his present practice is in consultation with other physicians.—*Chicago Tribune.*

A movement is in progress for the establishment of a free hospital for consumptives in the mountains near Wilkesbarre, Pa. The donor of the land is said to be Dr. Trimmer, of White Haven, the land being situated on Green Mountain, overlooking White Haven and the Lehigh river. Dr. Lawrence F.

The Whitehead-Stokes Sanatorium

For the treatment of Surgical and non-contagious Medical Cases.

Salisbury, N. C.

CACTINA PILLETS

Will nurse the heart in the treatment of febrile, nervous and chronic diseases.

A tried and efficient remedy in functional heart troubles.

Dose.—One or two Pillets three times a day.

Samples mailed to Physicians.

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Stimulates the flow of the digestive fluids and encourages natural digestion; thus promoting assimilation and nutrition.

Dose.—A teaspoonful before meals, the dose before breakfast preferably in hot water.

Sample to Physicians who will pay express charges.

SULTAN DRUG CO. ST. LOUIS.

Flick, president of the "Pennsylvania Society for the Prevention of Tuberculosis," and Dr. Thomas, who is a member of the "committee on plans," recently visited the proposed site, and believe that a bill appropriating one hundred thousand dollars for the project will meet with the approval of the governor.

Illinois Physicians Advance their Rates for Professional Services.

The physicians of Bloomington and McLean county, Ill., have entered into an agreement to advance the fees for professional services. The fee for day calls is now $2 instead of $1.50, and for night calls $4 instead of $3. The physicians affirm that they lose thousands of dollars annually from those who will not pay bills and also from the care of the poor whom they do not expect to pay. The scale, they say, is on a par with that in effect in other cities in the State, and the new list of prices is no more than patients in other cities pay. The McLean County Medical Society, which includes nearly all of the country physicians, has endorsed the advance and it is believed that all will adopt the new rate.—*New York Medical Journal.*

Orange, N. J., Has a Woman City Health Inspector.

Miss Elizabeth M. Devine, of 53 Essex Avenue, Orange, N. J., has been appointed a city health inspector by the board of health. She is the only woman health in-

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A system of units; ten or a dozen books, one unit—more books, more units, and get them as wanted.

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spector in New Jersey. Her appointment was brought about through the efforts of the women's societies of the community, who will pay Miss Devine's salary. The city authorities will pay a nominal salary, $1 a year.

English Appreciation of the Skill of the Late President McKinley's Surgeons.

Sir James Crichton Browne, M. D., speaking at a large public banquet in London on September 26th, referred to a touching allusion made by the chairman, Mr. Morgan, M. P., to the death of President McKinley, and said that he was confident that he was expressing the unanimous opinion of the British medical profession when he declared that the surgeons who attended the late President of the United States showed the utmost skill at every stage and did everything possible to alleviate the sufferings and prolong the life of their illustrious patient. "American and British yachts may compete for victory," exclaimed Sir James, "but between American and British surgeons there is no rivalry, only mutual respect and good will."—*N. Y. Med. Jour.*

Electric Light Least Injurious to the Eyes.

An English journal named The People, has the following item of news: "A Russian medical man has decided that the electric light is least injurious to the eyes. He says that the oftener the lids are closed the greater the fatigue and consequent injury. By experiments he finds that the lid would close with different illuminations per minute: Candle light, 6. 8; gas, 2. 8; sun, 2. 2; electric light, 1.8.—*Medical Record.*

Nicholas Senn Prize Medal.

The committee on the Senn Medal beg leave to call attention to the following conditions governing the competition for this medal for 1902:

1. A gold medal of suitable design is to be conferred upon the member of the American Medical Association who shall present the best essay upon some surgical subject.

2. This medal will be known as the Nicholas Senn Prize Medal.

3. The award will be made under the following conditions: *a.* The name of the author of each competing essay shall be enclosed in a sealed envelope bearing a suitable motto or device, the essay itself bearing the same motto or device. The title of the successful essay and the motto or device is to be read at the meeting at which the award is made, and the corresponding envelope to be then and there opened and the name of the successful author announced. *b.* All successful essays become the property of the Association. *c.* The medal shall be conferred and honorable mention made of the two other essays considered worthy of this distinction, at a general meeting of

the Association. *d.* The competition is to be confined to those who at the time of entering the competition, as well as at the time of conferring the medal, shall be members of the American Medical Association. *e.* The competition for the medal will be closed three months before the next annual meeting of the American Medical Association, and no essays will be received after March 1, 1902.

Communications may be addressed to any member of the committee, consisting of the following: Dr. Herbert L. Burrell, 22 Newbury Street, Boston, Mass.; Dr. Edward Martin, 415 S. 15th Street, Philadelphia, Pa.; Dr. Charles H. Mayo, Rochester, Minn.

The Inter-Denominational Council of Women for Christian and Patriotic Service, Room 725, 156 Fifth Avenue, New York City, has undertaken to push the movement for the proposed Anti-Polygamy Amendment to the Constitution of the United States.

In order to aid in raising the necessary funds to carry on this special work, the Council has taken the following action:

"Any person paying Five Dollars or more shall be enrolled as a Sustaining Member of the organization; and any person paying One Dollar or less than Five shall be enrolled as a Contributing Member."

At least $15,000 will be required to carry on this movement effectively; and every one interested is earnestly requested to contribute according to his or her ability and generosity.

Contributions, large or small, should be sent directly to Mrs. F. C. Morgan, Treasurer, whose personal address is 947 Lexington Avenue, New York City, N. Y.

Those wishing information or samples of our literature for this movement should send directly to the office of the Council, as above.

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The University College of Medicine, of Richmond, Va., whose advertisement appeared in this paper during the summer, reports an encouraging outlook for the session of 1901-02, the number of new students enrolled to this date being in advance of the total number of new students for the session of 1900-1901, and a good prospect of more within the next ten days.

"We have received from Messrs. Edwards & Broughton, publishers, Raleigh, N. C., a copy of their Complete Court Calendar for North Carolina for the fall term, 1901, and the two terms for 1902. Court Calendars are nothing new, but this is the most complete and best arranged calendar that we have ever seen. It is neatly printed in folder form, with eyelet and string ready to hang up. It gives the actual dates of all the courts, with name and post-office address of every court officer in the State, and only sells for 25 cents."

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Case III. The last and most marvelous case was that of an unmarried lady, middle aged, and a seamstress by occupation, troubled with hemorrhoids. The nodules were large and legion; were both external and internal, and aggravated at her menstrual period until she was confined to bed during these days. She had been operated upon sometime previously but with only temporary relief. She had used nostrums without number, though none had given any ease. She was bitter on her "lot in life," as she termed the complaint, and had no faith in my treatment for it. She only called me for ease while in bed. I put her on tonic laxatives and local applications of Glyco-Thymoline and hot water, equal parts. It acted like a charm, the throbbing pain got easier, the inflammation subsided, and she is, as she expresses it, entirely a new person.

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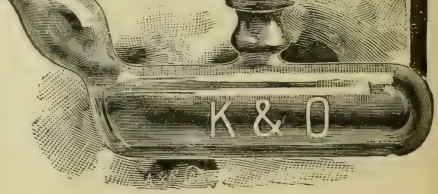

Sanmetto in Spasms of Bladder Neck.

Sanmetto is not new to me as I have used it two years. I will report a case that came under my treatment on the fourth day of February. A lady about forty years of age has spasms of the neck of the bladder. She was in constant pain. She could neither sleep nor sit still. She was compelled to urinate as often as every half hour. I commenced giving her Sanmetto, a teaspoonful every two hours for the first twelve hours. The next twenty-four hours I gave her a teaspoonful every three hours, and the next twenty-four hours, every four kours, unless sleeping. Discharged the woman the fifth day as well, and she has been well ever since. A prominent physician of our city had been treating this patient, but she received no benefit from his treatment whatever.

Saginaw, E. S., Mich.

WM. S. MCLEAN, M. D.

Neurotic Conditions of Climacteric Period.

This form of neuroses is considered by the latest and best authorities as essentially hysterical and neurasthenic ; a statement that seems borne out at least in part by the predominence of the various reflexes. How far the latter condition may be due to irritation of the nerve-ends in the ovary depends, it would seem, on the degree

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of atrophy and consequent contraction of the tissues. The ordinary physical disturbances due to menstruation in some cases persist and cause various phenomena and often much annoyance. And while many of these symptoms may be, and some of them doubtless are, neurasthenic, it will be found wise not to abandon special medication. In the greater number of cases, two five-grain antikamnia tablets repeated every hour if necessary, will be found to give entire relief. Under this treatment the reflexes are naturally abolished, the nerves are soothod and the system returns to its normal equipoise. Antikamnia tablets are essentially pain-killers, yet in this instance they nullify the reflexes almost precisely after the same physiological fashion, so to speak, as they relieve pain, and without unpleasant after-effects. In cases of threatened metrorrhagia it is always advisable to administer 'antikamnia and codeine tablets" as frequently as may be found necessary, say one every hour until six are taken.

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Extract from a medical article written by G. Sterling Ryerson, M. D., L. R. C. P. & S., Etc., Toronto.

Oleaginous Science.

There have been many reported "strikes" in oils, and now it is asserted by some scientist that petroleum is really a distilled and fossil fish oil! Is it possible that Norway cod were really at the bottom of the Standard Oil Company? Who can say? If science says so, one may go on downing the oil, but there is no downing science.

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American Journal of Dermatology and Genito Urinary Diseases.

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EDITORIAL.

THE TEACHING OF ANATOMY.

An educational number of the *Journal of the American Medical Association* contains, among other interesting articles, one from Dr. C. M. Jackson, describing a new method of teaching regional anatomy, which has attracted considerable attention. To this branch of medicine is due the credit of first establishing the laboratory or objective plan of study and dissection, which has been faithfully developed for centuries, says Dr. Jackson, practically reaching its limitations more than a hundred years ago. In fact, he considers that the anatomists of that day were more skillful dissectors than are any of the present time. Every one will agree with the writer that the practical use of anatomical knowledge consists in being able to see, with the mind's eye. the various structures of the body and their relation to each other. This may be called a working knowledge of anatomy, and the medical man must acquire it by some means, or be hopelessly handicapped in the practice of his profession. Unfortunately, it is true that many practitioners are exceedingly vague in their anatomical acquirements, and to such this lack of information on one of the fundamental branches is a perpetual mortification. Admitting that the only feasible way of acquiring this necessary knowledge is by actual work in the dissecting room, we are in a position to appreciate the advantages of the plan laid down by Dr. Jackson. The relationship of the various organs to each other being of paramount importance, it is obvious that through and through sections of the body at various points will afford the best opportunity for such study. Heretofore, this fact, while widely recognized, has been impossible of general use on account of the difficulty of treating the cadaver in such a way as to insure a fixity of the various structures. The frozen sections

are not adapted for ordinary employment, being difficult of preparation and necessarily temporary. The method suggested by Dr. Jackson obviates these obstacles, and consists in injecting the blood vessels with a so-solution of formalin. After the lapse of a week it is said that the cadaver becomes perfectly hardened. Every organ occupies the same position as in life, and the whole, or sections of the whole, may be preserved indefinitely in any temperature. The sections are made with ordinary butcher knife and saw, and the student is required to make photographs and drawings of these sections, which are an efficient aid in fixing the anatomical points in his memory. It would seem that with this method of preparation, the study of anatomy, particularly regional anatomy, would be greatly facilitated.

A MEDICAL OCTOGENARIAN.

The recent bestowal upon the venerable and gifted Professor Virchow of the gold medal of science by the Prussian Emperor, on the occasion of his eightieth birthday, has again drawn public attention to this "grand old man" of the medical profession. It is interesting to note that in spite of his enormous labors in the investigation of scientific facts and his contributions in a literary way to pathology and allied branches of medicine, he found time to take an earnest and forceful part in the political changes of his day. During the period from 1866 to 1871, when he was acting as director of the military hospitals, he did not cease, as a representative of the city of Berlin in the Prussian House of Representatives, to work with the most enthusiastic energy in behalf of those political changes which resulted in the placing of his native State among the first powers of the world. He thus stood with the great political leaders of the time as a patriot and a man of affairs in addition to his leadership in matters partaining to pure science. For more than twenty years he was an alderman of the City of Berlin, and during that time, and always has been, a vigorous and successful advocate of sanitary reforms. That Berlin is now one of the healthiest cities of the world, and that it was not always so, is perhaps as much a monument to Virchow as to anyone else.

The man of science is, hence, not necessarily a man of one-sided character, impractical in dealing with the ordinary affairs of life, as is too often supposed, and the most successful student of nature and nature's laws may yet find time to serve his country with distinction. It would be well, indeed, if there were more Virchows in politics.

THE CAUSES OF DEATH IN PRESIDENT McKINLEY'S CASE.

The *Philadelphia Medical Journal* believes that the immediate cause of the President's death was due to the degeneration of the heart muscles, and very forcibly points out that the pulse of the President clearly indicated that the distinguished patient never rallied from the combined shock of the pistol wound and the subsequent operation. The pulse rate, as shown by the report, was 84 when the President was put upon the operating table; he left it with a pulse of 124. A review of the clinical records of the case will show that however fa-

vorable the general symptoms may have been, the pulse never regained anything like a satisfactory condition. The autopsy showed that back of this abnormal pulse-rate was a heart muscle which had undergone fatty and granular degeneration. With that view of the case, it is manifestly evident that no medical skill or measures could satisfactorily combat the situation. It is furthermore pointed out that the recreative state of the tissues surrounding the track of the bullet could very well have been dependent upon the feeble circulation; since, in every gun-shot wound, there must be contusion of more or less severity in a certain area surrounding the wound, and the restoration of these injured structures must necessarily depend largely upon the vitilizing effects of a good circulation. This contemporary is also inclined to lay considerable stress upon the condition of the pancreas, calling attention to the fact that, while our knowledge of surgical diseases and injuries to the pancreas is very deficient, we know that in certain instances of acute infection there are symptoms of great depression characterized by a rapid pulse-rate. The reports would indicate that the wound of the kidney was of slight import.

OBSTETERICAL COMPLICATIONS.

At the September meeting of the Pennsylvania State Medical Society Dr. David S. Funk gave a most interesting and instructive resume' of the present status of pathology and treatment in some of the more important complications of obstetric practice. Dr. Funk says that the expectant mother of to-day finds herself surrounded by less peril than ever before in the history of the world, and in this statement he will doubtless be sustained by the profession. Certainly our knowledge is far greater, and the means at hand for anticipating and preventing evil are far superior, and so in the main are our abilities for grappling with these dangers when actually present. The whole tenor of his remarks is so frank and conservative, when discussing the attitude of the profession towards certain complications of obstetric practice, that his conclusion will receive the approbation of the great majority of physicians.

In discussing placenta previa, it is shown by the comparative rarity of this serious complication, that it is hardly possible for the general practitioner to become specially experienced in handling such cases. He agrees with the universally accepted practice that the indication in this complication is to empty the uterus as soon as possible. As to the best method of accomplishing this, is not so generally agreed upon. The writer evidently favors the most commonly adopted means of doing this by manual dilatation and version, while allowing that in some instances the caesarian section may offer better chances for both mother and child. Such instances, however, must be of excessive rarity. The objection urged against dilatation and version indicate that we are still far from anything like a perfectly satisfactory plan of treatment. The objections, exclusive of the high infant mortality (80 per cent.) are, first, that it is frequently difficult to do and does not arrest hemorrhage; second, the fetus is always shocked from loss of blood

from the placenta and from manipulation of the cord; third, the after-coming head must frequently be perforated.

Symphysiotomy is compared with caesarian section as an operation of choice, and under such circumstances the weight of evidence is found in favor of the latter. Save in case of suspected infection, as where prolonged instrumental delivery has been attempted, the abdominal operation is to be performed. The mortality would seem to be even less in caesarian section, which, except in France, is superseding symphysiotomy.

In puerperal septicemia, the author does not find that anything new in the way of pophylaxis has appeared during the last year, but very properly insists that the well established principles governing complete asepsis be faithfully carried out. The ante partum and post partum douche, as a routine measure, in normal cases, he very properly considers as useless if not worse. In cases of manual delivery, or where, for any reason, the hand has been introduced within the uterine cavity, the intra-uterine douche has the countenance of some very excellent authorities. The writer calls attention to the well known fact that prophylaxis in private practice has not been as efficient as in the hospitals. This he accounts for by the lack of detail and thoroughness in our method of securing asepsis upon the part of the general practitioner, the patient and the nurse.

As regards the important question of treatment, the author assures us that repeated curetting and intra-uterine douching, with powerful germiciding agents, should no longer have a place. Disinfection of the vagina, the removal, if present, of any remnants of the placenta and decidua; douching of the intra-uterine cavity with normal saline solution, at a temperature of 110 degress, and packing with iodoform gauze are some of the measures which have received professional sanction. The operation of hysterectomy is considered to offer but scant prospect of relief in these cases; the same may be said of serumtheraphy, which is, as yet, in the experimental stage. Ectopic gestration would seem to be, in the opinion of this and other competent observers, of much more frequent occurrence than formerly supposed. In view of the great danger of delay in recognizing this complication, the author emphasizes the fact that the general practitioner should always be upon the alert, that he may not mistake these cases for colic, dysmenorrhea, or ovarian congestion. The diagnostic points which should be especially borne in mind are a previous history of sterility, a sudden cessation of previously regular menstruation; irregular, but not excessive uterine bleeding; sharp colicy pains at frequent but irregular intervals, and, in some instances, nausea and vomiting. With such a history, a bi-manual examination should be made; and here the points emphasized are the presence of a slightly enlarged uterus, a soft cervix, and the presence of a tender, more or less globular mass to the right or left of the uterus, well up in the pelvic cavity. The two conditions most likely to be mistaken for an ectopic gestation are pyosalpynx, and tubo-ovarian abcess. In considering purperal eclampsia, attention is called to the

widely divergent views held by various observers regarding the etiology of this affection, one even going to the extent of declaring eclampsia a self-limited, airborn, contagious malady; all of which is sufficient evidence of the unsatisfactory state of our knowledge upon the causative factor. The usual phophalactic measures regarding diet, catharsis, diuretics and the use of large quantities of fluid are advocated. In treatment of the attack, venesection and veratrum veride seemed to be much less extensively employed than formerly. Morphine and chloroform are still our most efficient weapons for the control of convulsions, while the use of normal saline solution, by any of the three methods of its introduction into the system, is uniformly commended and advised, and can be used in conjunction with any other therapeutic measures. It is hardly necessary to add that, in most instances, everything should be done to secure a prompt delivery.

Hints to Dyspeptics.—Eat slowly, masticating the food very thoroughly, even more so if possible than is required in health. The more time the food spends in the mouth, the less it will spend in the stomach. Avoid drinking at meals; at most take a few sips of warm drink at the close of the meal, if the food is very dry in character. In general, dyspeptic stomachs manage dry food better than that containing much fluid. Eat neither very hot nor cold food. The best temperature is about that of the body. Avoid exposure to cold after eating. Be careful to avoid excess in eating. Eat no more than the wants of the system require. Sometimes less than is really needed must be taken when digestion is very weak. Strength depends not on what is eaten, but on what is digested. Never take violent exercise of any sort, either mental or physical, either just before or just after the meal. It is not good to sleep immediately after eating, nor within four hours of a meal. Never eat more than three times a day, and make the last meal very light. For many dyspeptics, two meals are better than more. Never eat a morsel of any sort between meals. Never eat when very tired, whether exhausted from mental or physical labor. Never eat when the mind is worried or the temper ruffled, if possible to avoid doing so. Eat only food that is easy of digestion, avoiding complicated and indigestible dishes, and taking but one to three kinds at a meal. Most persons will be benefited by the use of oatmeal, wheatmeal, cracked wheat and other wholegrain preparations, though many will find it necessary to avoid vegetables, especially when fruits are taken.—*Public Health Journal.*

"Government in America is practically shaped in the caucus. For the Christian man the primary meeting should be as sacred an appointment as the place of prayer, and if the Christian men of a community would interest themselves, they could get good men nominated." These words, spoken at the recent Christian Endeavor Convention, embody a truth familiar to all, yet one that is well to emphasize during the month before election. The evils which exist in politics are largely the result of the neglect of duty by the very men who most loudly complain of them.

The Carolina Medical Journal.

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ORIGINAL COMMUNICATIONS.

Past, Present and Future of Cancer.

By Stuart McGuire, M. D., Richmond, Va., Professor of Principles of Surgery and Clinical Surgery, University College of Medicine; Surgeon in Charge St. Luke's Hospital; Visiting Surgeon Virginia Hospital, etc Paper read before the Medical Society of Virginia at meeting held in Lynchburg, November 5-6-7, 1901

Cancer has been a constant subject of study in all ages and in all nations, but the mystery of its origin has yet been unsolved, resistance to its progress has yet proved unsuccessful, and the symbolic crab continues to sink its claws slowly but relentlessly into the flesh of the victim. The disease, at first local, becomes regional and constitutional; recurring when removed, disseminating when left; undergoing degeneration, intractable ulceration, deep-spreading excavation, and is usually followed by cachexia and death.

It is the object of this paper to review the history of cancer, to call attention to the recent views of the etiology of the disease, to state the present accepted principles of its treatment, and to suggest the possible development of the future, a scope admittedly too broad to be properly covered in the time at the writer's disposal for preparation or of the society's programme for reading.

The earliest medical writings contained descriptions of tumors, and their origin was attributed to the influence of malign or evil spirits. Hippocrates taught that the body was composed of four humors: blood, phlegm, black bile and yellow bile, and Galen believed that tumors resulted from the accumulation of one of these humors. Harvey, by

the discovery of the circulation of the blood, overturned preconceived views of pathology and the blood was next regarded as the source of disease, and its organization the origin of tumor formation. Boerhaave, some years later, ascribed tumors to the newly-discovered lymph, the vitiated or degenerated variety being supposed to produce cancer. Hunter was the first to recognize the similarity in stricture between tumors and normal tissues and to maintain that they originated by a modification or formative processes. Broussais, early in the 19th century, claimed that all tumors, including cancer, were forms of chronic inflammation consequent on organic irritation. This view, owing to its simplicity and comprehensiveness, at once became accepted, but its supremacy was shortlived. Schleiden, with the aid of the then recently perfected microscope, discovered the cellular structure of plants. Schwann demonstrated the analogy in animals. Muller established the fact that tumors were formed of cells, but believed the cells were derived from the blood. Virchow accepted the cellular structure of tumors, but denied the blastemal origin of the cells. He proved that cells could not develop *de novo,* but followed biological laws and were always the the result of the division of pre-existing cells. He believed in metaplasia and taught that a given cell under some conditions might become an epithelial cell and under other conditions a connective tissue cell. Cohnheim controverted the existence of metaplasia and established the law of the legitimate succession of cells. He classified tumors by referring each of the embryonic layer from which its cells had origin, and advanced a novel and ingenious theory to explain their development. He claimed that during the progress of cell differentiation in the embro more cells were produced at a certain point than were necessary for the formation of that particular region. He believed that these left-over cells, not utilized by the growth of the organism, were arrested in their further development and remained in a dormant condition. He claimed that if the energy of these detached and slumbering islets of embryonal cells were re-awakened later by internal or external stimulation, they would undergo rapid proliferation and form a tumor, whose histologic type and clinical behavior would depend on the epiblastic, mesoblastic or hypoblastic source of the parent cells. The physiologic analogue of this hypothetic pathologic process is seen in the changes which occur in the human body at the age of puberty, when cells that have slept for years with latent energy are re-awakened, and multiplying rapidly, produce the development of the sexual organs and other changes characteristic of that period.

Based on Cohnheim's theory, which is almost universally accepted, the term tumor is now used in a much more restricted sense than formerly. At one time the word was employed to designate all kinds of swellings; now a sharp line of separation is drawn between tumors supposed to be the result of the proliferation of embryonal cells occurring independently of microscopic cause, and inflammatory swellings demonstrated to be the result of the proliferation of mature cells produced by

the action of pathogenic organisms. Bacteriologists have accepted this division, but have patiently and persistently endeavored to prove that many of the growths supposed to be tumors or neoplasms, due to the proliferation of embryonal cells, were really inflammatory swellings, due to the action of the hitherto unknown but recently discovered micro-organisms. In the past few years lupus, syphilis, leprosy, tuberculosis, actinomycosis and other diseases have been proved, either by direct demonstration or by argument from analogy, to be due to a germ, and one by one have been transferred from the slowly diminishing list of tumors to the gradually increasing list of infective granulomata. At this time a vigorous and well directed effort is being made to prove that cancer is due to a parasite, but the claim is resisted by the adherents of the cellular theory of the origin of the growth. Two papers, read a few months ago at the same meeting of the American Medical Association, one by Dr. Nicholas Senn, of Chicago, and the other by Dr. Rosewell Park, of Buffalo, ably and forcibly present the two sides of the question.

Senn, perhaps the greatest surgical philosopher of the day, presents his views with citations of authorities so voluminous that while the article will remain as a permanent encyclopedia of reference to the literature of the subject, it is almost impossible to make an abstract of it that does justice to the author. Senn adheres to the cellular theory of the origin of cancer and claims that from an etiologic standpoint very little has been added to our knowledge of the disease since the epoch-making labors of Virchow, Cohnheim and Waldeyer. He says that after the demonstration of the fact that all inflammatory processes were caused by micro-organisms, it was natural that by reasoning from analogy the conclusion was reached that cancer was also a parasitic disease. Earnest workers in all parts of the civilized world have investigated the subject, various methods of tissue staining, cultivation and inoculation have been utilized; numerous intra-cellular and extra-cellular bodies have been discovered and described, but the numerous claims of having isolated the essential cause of cancer have never yet been substantiated. Searching criticisms from different reliable sources have shown almost conclusively that these bodies are not living organisms but the products of degeneration of the cell protoplasm of a non-parasitic nature.

Senn claims that the histology and histogenesis of cancer speaks against a parasitic origin of the disease, because of the difference in the histologic structure of the cells which constitute the mass in carcinoma and in inflammatory products. Carcinoma differs morphologically according to the structures in which it originates, while inflammatory products present the same structure independent of their anatomic location or character of the tissue involved. In other words, carcinoma of the breast when transported by metastasis to the liver produces typical breast cancer in the liver, while inflammation of the breast transported to the liver produces ordinary hepatitis.

Senn states that the results of implantation and inoculation experi-

ments have so far failed in establishing the parasitic theory of carcinoma. The two objections to the validity of the claims are, first, the variety of microbes and bodies which have been found in carcinoma tissue by different experimenters, and for all of which—at different times and by different authors—the same specific pathogenic qualities have been claimed. Second, the histologic structure of the products of implantation of carcinoma tissue—or inoculation with the supposed cancer germs—does not correspond with the structure of a true carcinoma. Senn states that no well authenticated case of inoculation carcinoma has occurred among surgeons who have frequently injured their fiingers and hands during operations for carcinoma, while inoculation tuberculosis from the same cause has been frequently observed. The same can be said of persons who take care of carcinoma patients, or who live in the same room with them. In the case of an inoperable carcinoma of the leg, Senn implanted subcutaneously fragments of aseptic carcinoma tissue at two points on the affected limb. During the first two weeks little nodules formed at the point of inoculation, but then gradually disappeared.

On May 4th, 1901, Senn inoculated himself with carcinoma tissue immediately after he had completed a radical operation for advanced carcinoma of the lower lip. The patient from whom the malignant graft was obtained was an Irishman, sixty years of age. The submental and submaxillary lymphatic glands were involved. The glands were immersed in warm saline solutions and from one of them a fragment the size of a split pea was used for implantation. A small incision was made about the middle of the forearm under strict aseptic precautions. One of the margins of the wound was undermined sufficiently to make a pocket large enough to receive the graft. After implantation the wound was closed with a horse-hair suture and iodoform collodium. The carcinomatous nature of the glandular affection was proven by microscopic examination of the gland from which the graft was taken. In the course of a week a nodule the size of a pea made its appearance, which remained stationary for two weeks and then gradually disappeared.

Dr. Rosewell Park, to whose enthusiasm and indefatigable industry was due the establishment of the New York State Pathological Laboratory for the study of cancer, takes the opposite view. He claims that the infectiousness of cancer has been proved, but admits that the exact nature of the organism has not been demonstrated. He said that it is not now believed that cancer is due to a bacterium, but to a parasite, perhaps similar to the plasmodium of malaria. Little is known of these lowly forms of animal life, and it has not yet been determined whether Koch's laws for the determination of the infectious nature of a given disease are valid when applied to them. In the Buffalo Laboratory these organisms have been found whenever conditions were favorable, and the introduction of cultures made from them has produced fatal results in animals, although the inoculations have not invariably produced distinct carcinomata. Park states that Cohnheim's theory explains the presence of certain cells in unusual localities, but of-

fers nothing to explain the peculiar behavior of these cells, which constitute the essential feature of malignant growth. He claims that the parasitic theory is much more satisfactory than the cellular theory, and substantiates his views with arguments by analogy, by comparative pathology, by microscopic findings and by clinical observations. He states that the study of tumor formations in the vegetable kingdom shows a striking analogy between the proposed parasitic theory of the origin of cancer in animals and the known relation of insect infection in plants. Botanists have shown that tumors occur in trees. They vary in size from a trifling gall to a large woody mass and are frequently spoken of as "tree cancers." The infectious agent or parasite is a minute insect which disturbs cell growth and produces cell proliferation. Usually there is a traumatism of the bark with infection of the growing wood beneath. A combination of etiologic factors is necessary, the infection atrium and the infectious agent. Without the atrium the insect could not enter, without the agent the breach would be healed without pathologic change.

Park states that the comparative pathology of tumor formations in the lower animals furnishes an equally strong argument in favor of the parasitic theory of cancer in the human race. Various tumors occurring in insects and in vertebrates have been demonstrated to be due to protozoa. The higher we go in the animal scale the more closely do these tumors resemble those in the human being, until the histologic characteristics are almost exactly similar. One cannot avoid the conclusion that tumors in animals and man are due to the same general cause. If, then, their existence in animals can be proved to be of parasitic origin, it strengthens the conclusion in favor of a similar origin for such lesions in man.

Park states that metastasis is regarded as the principal evidence of infectiousness in all infective diseases, from the most acute of the septic and pyemic type to the slower manifestations of tuberculosis. The similar manifestation in cancer is a like evidence of its infectiousness; if it means anything in the one case, it has exactly the same meaning in the other. As the surgeon watches a case of melanotic sarcoma of the leg and sees the gradual transmission of the disease up the limb, and becomes still later aware of the involvement of the liver, then of the lungs, and then of the various other parts of the body, how can he help but say that this is a disease which travels along the same paths and after the same fashion as does tuberculosis; or, when he sees cancer *en cuirasse* following an operation for cancer of the breast, how can he avoid the conviction that he has here to deal with a slowly creeping infection which is gradually extending and traveling as only an infection can.

On the microscopic appearance of cancer, Park says it is a well-known fact that in and between cells of cancer growth are seen peculiar forms or particles which have been regarded by some as parasites, by others as a product of cell degeneration. No such appearances are noted in healthy tissue, or in the infectious granulomata, or in the truly benign tumors. They must be either cell degenerations or parasites. Ex-

actly similar appearances have been produced in large numbers after inoculation with cancer material, but no one has been able to produce such degenerations under other circumstances..

Under clinical observations confirmatory to the parasitic theory of the cause of cancer, Park reports the case of a woman with epithelioma of the chest wall following a burn. As a result of the cicatrix her arm was bound down to her side and a cancerous ulcer appeared on its under surface. He states that numerous instances in which cancerous infection has followed the track of instruments, such as the trocar, afford other evidence whose value is undeniable. In regard to the objection raised to the infectiousness of cancer based on the fact of the almost constant failure of investigators to reproduce the disease by inoculation or implantation, he says that the failures were due to ignorance in regard to the conditions which favor the life of minute organisms. By observing certain conditions at the Buffalo Laboratory, carcinoma has absolutely been produced in a number of animals by inoculation, and one positive demonstration of the infectiousness of the disease is worth more than a hundred negative experiments.

Leaving the discussion of the essential cause of cancer, and withholding judgment as to the merits of the rival claims of the intrinsic cell and the extrinsic parasite, the writer wishes briefly to discuss some of the exciting factors which clinical experience clearly proves to bear an important relation to the actual development of the disease.

Heredity. The mysterious influence of heredity, a force transmitted by a single cell to the entire organism, by which physical attributes, intellectual powers, moral qualities and pathologic tendencies are perpetuated from parents to offspring, markedly influences the occurrence of cancer. Twist the facts as you please, the inevitable conclusion cannot be avoided that cancer runs in families. Here, as in the following sections, the explanation may be made compatible with either of the two theories of the essential cause of the disease. If the cellular theory be correct, then there is diminished physiologic resistance to the growth of the matrix of embryonal cells and they assume active tissue proliferation. If, on the contrary, the parasite theory be true, then it is an increased susceptibility of tissue from diminished physiologic resistance to action of the micro-organism and they effect localization and produce their characteristic results.

Age. So constant a factor is age in the development of cancer that it is used as a practical diagnostic fact in doubtful cases. Cancer is a disease of middle and advanced life. While the forces of growth and reproductive activity are greatest the tendency to cancer is least. When cancer develops in opposition to these forces the prognosis is gravest. A well-known surgeon once said, with reference to the relation of age to the probability of cure, "the older the better."

Sex. The influence of sex on the occurrence of cancer is demonstrated by the fact that the disease occurs nearly twice as often in women as in men. This is probably due to the functional activity of the breast and uterus in the one sex and the func-

tional inactivity of the analogous organs in the other.

Race. The bearing of race on cancer is evident, as it is stated that in the United States cancer rarely affacts the Indian, and the negro is attacked less frequently than are the whites. As a rule, the higher the civilization the more prevalent the disease.

Diet. It is supposed by some authorities that diet plays an important role in the development of cancer, but its influence is denied by others. It is claimed that the disease is less frequent in the vegetarian than in the flesh-eating, the statement being supported by statistics aparently proving that nations living on rice are less susceptible than those living on animal food, and that in any country the portion of the population which, either through taste or necessity, lives on vegetables, is more immune than their fellows whose diet contains a large proportion of meat.

General health. The constitutional condition has an uncertain influence on the development of cancer, but it is stated that cancer is a disease of persons whose previous life has been healthy and whose nutritive vigor gives them otherwise a prospect of long life.

Traumatism. Traumatism is an important factor in cancer, for in at least 20 per cent. of all cases of the disease the patient will give a history of local injury to the part affected. The injuries are usually of trivial nature, and the explanation offered is that serious injuries cause vigorous reaction with complete restoration of the part, while minor injuries are often followed by incomplete reaction and the tissues are left with dimished physiologic resistance.

Local irritation. It is a well accepted fact that local irritation acts as an exciting cause of cancer, as manifested by the frequency with which the disease attacks parts and organs most often the seat of repeated, prolonged iritation. As examples may be cited the lip cancer of smokers, the scrotal cancer of chimney sweeps and the close association between gall-stones and cancer of the liver.

Geographical. The habitat of the individual increases or diminishes the probability of cancer. The disease is rare in the arctic and tropical regions and frequent in the temperate zone. It is almost unknown in Iceland, Greenland and Africa, and common in America, Europe, Asia and Australia.

Topographical. The influence of topographic location is demonstrated by the difference in mortality records in rural communities and in manufacturing centres. As a general proposition it may be stated that the rate of cancer is highest where the struggle for existence is hardest and the density of population greatest.

Dismissing the subject of the etiology of cancer and omitting for lack of space all reference to the histology, symptomalogy and diagnosis of the disease, the question of its treatment will next be considered.

The great and vital importance of the proper management of carcinoma can only properly be appreciated after a recognition, first of the frequency of the disease; second, the apparent rapid increase of the disease, and third, the improvement in results that has followed the modern methods of radical surgical extirpation of the disease.

The following figures are gathered

from a recent article of Dr. Frederick S. Dennis, of New York. In 1890 the death rate from cancer for the United States was 53 per 100,000 population; for England, 67; for Scotland, 60; for Austria, 52; for Ireland, 45; for Prussia, 43; for Italy, 42. In England there are 7,000 deaths annually from cancer, and 30,000 patients suffer at all times from the disease. In the United States, by the census, there were 18,000 deaths from cancer in 1890, and conservative estimates now place the death-rate at over 25,000 per annum. Based on the proportion of deaths to cases, as calculated for England, there are to-day over 100,000 cases of cancer in the United States. Statistics also show an apparent alarming and rapid increase in the number of cases of cancer. It has been calculated that in recent years cancer of the breast alone has increased 12 per cent. in Connecticut; 50 per cent. in the District of Columbia; 115 per cent. in Rhode Island, and 179 per cent. in Philadelphia. Rosewell Park makes the startling statement that if cancer continues to increase during the next ten years as it has done in the past ten, at the end of a decade more people will die in the State of New York from cancer than will die from small-pox, typhoid fever and tuberculosis combined.

It is but fair to state that Senn and others claim that this increase is more apparent than real, and is due to more accurate diagnosis, more frequent post-mortems, more general resort to operative intervention, and to increased longevity.

Statistics in regard to the improvement in the permanent results of operation for cancer are prolific but not easily concentrated to comparative figures. Dennis reports 87 cases of malignant growths operated upon and cured; the nature of the disease in each instance being demonstrated by microscopic examination, and the permanency of the result tested by careful subsequent observations for a period in no instance less than three and in some of over twenty years.

While Dennis' results are no better than those attained by many other surgeons, yet he deserves the thanks of the profession for the arduous labor he has performed in tracing his cases and proving the fallacy of the views of many of the laity that cancer is incurable.

In actual practice almost every conceivable treatment has been applied to cancer, and while the dearly earned experience has united the profession in the conclusion that at the present time there is but one possibility of cure, namely, early and ratical surgical intervention, it will be well to review other methods which have been tried and failed.

Electricity. Electricity, which has promised so much in so many different fields of medicine and which has practically yielded so little of positive therapeutic value, has been long, faithfully and variously employed in the treatment of cancer. Constant and interrupted currents have been applied, electrolosis and cataphoresis used, and lastly the influence of the X-ray tested, all with practically negative results.

Drugs. The local application of methylen blue, formaldehyde and similar antiseptics, has resulted in no good except to diminish the offensiveness of the discharge in ulcerative cases. The parenchymatous injec-

tion of alcohol, acetic acid and other sclerotics has accomplished nothing, save in a few cases where they have temporarily arrested local extension by impairing the blood supply through cicatrization of adjacent tissue. The internal administration of iodide of potassium, arsenic, cundurango, turpentine, cinnamon, clover tea and a host of others has served no purpose unless it has been to keep alive the flickering hope of poor unfortunates painfully conscious of their doom.

Toxins and serums. The injection of the combined toxins of the streptococcus erysipelatis and of the bacillus prodigiosus which far a time excited so much attention, has ceased to be seriously considered. Even its originator, Coley, states that it has only an inhibitory influence on carcinoma, and is but rarely curative. Cancroin, a toxic product derived from cancerous tissue by Adamkiewiez, has been extensively tried, but has proved to be without specific virtue. Blood serum, obtained from horses, goats and sheep injected with cancer juice or the toxins of the supposed cancer protozoon, have likewise failed. Despite these facts, the serum therapy of cancer offers a promising and fascinating field for investigation. If cancer be due to a parasite; if it can be isolated and cultivated; if its peculiarities can be studied and its idiosyncrasies noted, in the words of Dr. Park: "It is not too much to hope that some agent, be it either vegetable or mineral drug, or animal antitoxin, may yet be discovered by which the ravages of the disease may be checked or prevented."

Caustics. Chemical escharotics were once largely used by the profession in the treatment of superficial forms of cancer, but they have now been practically abandoned and are only of interest owing to their frequent revival by quacks and charlatans, who reintroduce them as new discoveries, cloaked in mystery and invested with marvellous properties. A caustic causes coagulation of the protoplasm of the cells with which it comes in contact. It acts chemically, has no selectivity, and destroys healthy and diseased tissue alike. It produces the formation of a sphacelus, which separates from adjacent structures by ulceration. Its action is slow and the pain produces prolonged and extreme. Its destruction of tissue is uncertain in extent, and the carcinoma is frequently not removed, and sometimes healthy tissue is unnecessarily sacrificed.

It leaves an open, suppurating wound, which entails a long period of convalescence, and exposes the patient to the dangers of secondary hemorrhage and pyemic infection.

When it is remembered that the only object in the use of a caustic is to remove the diseased tissue, and when it is known that this can be done so much more speedily, accurately and painlessly by the knife, with shortened period of convalescence, less resulting deformity and diminished risk of life, it is at first a matter of surprise that cancer quacks prosper. Competition with them, however, will soon supply the explanation. Competition, not in a pecuniary sense, for they have consistency in their effrontery and their charges are in proportion to their promises; but competition in a higher sense; contention for a case, not a fee; effort to save a patient from what is believed to be a sacrifice

of the one and only chance of recovery, namely, radical surgical removal before regional and general infection make the case inoperable. For quacks have apparently no professional restrictions, no moral obligations, and no legal responsibilities. Free from the provisions of the Code of Ethics of the regular profession, they advertise extensively in all the popular publications of the day, offering hope and promising cure to despairing individuals ready to grasp at straws. Communication once established, the victim is bombarded with reprints of histories of cases successfully treated, copies of eulogistic editorials from venial religious papers, and sweeping letters of endorsement from ignorant and credulous ministers of the Gospel. The patient secured, the lotion or paste is applied. If the disease be a warty excrescence, or a benign tumor, or a syphilitic sore, the case is cured and the result recorded. If it be cancer the case dies and the profit is pocketed. Yet, the public, which has organized a society for the prevention of cruelty to animals, and the Legislature, which has passed laws to prevent money being obtained under false pretenses, stand idly by, and the medical profession, when it attempts to expose the outrages being committed, is charged with being actuated by unworthy motives.

Operative treatment. The early and radical use of the knife offers the only possible cure for cancer. The theory that cancer is a local manifestation of a constitutional dyscrasia has been abandoned. The fact that cancer is at first a strictly local disease and becomes regional and general later by extension and metastasis has been accepted. If the diagnosis of cancer can be made early, while the disease is yet local, and if its anatomical position is such as to permit of its complete removal, the prognosis is good. If the diagnosis of cancer is delayed until the disease has become regional by extension through the lymphatics the prognosis is bad. If the diagnosis of cancer is postponed until the diesase has become general by dissemination through the veins the prognosis is hopeless. It will thus be seen that the cases early diagnositcated are the ones that give the cures, and the cases only recognized late in their pathologic life give the failures. Authorities state that after the disease has been in existence for more than six months, removal, no matter how complete, is almost certain to be followed by recurrence.

Second only in importance to early diagnosis is the completeness of the operation for the removal of the infected tissue. Heidenheim, by exhaustive research, has shown the direction of the regional extension of cancer, and taught the surgeon the necessity of not only removing the organ in which the disease originated, but the adjacent lymphatics as well. In cancer of the breast, not only should the mammary gland be amputated, but the axillary and possibly the supraclavicular space opened and explored. In cancer of the cervix, not only should the uterus be removed but the retro-peritoneal glands of the pelvis examined. In cancer of the penis, not only should the organ be sacrificed, but the inguinal glands exposed and if necessary enucleated. As operations for cancer have become more radical, the ultimate results have become more favorable.

Did time permit the writer could report from his personal operative experience cases of cancer of the skin, of the lip, of the tongue, of the stomach, of the bowel, of the rectum, of the breast, of the uterus, of the penis, and of various other organs and structures, which would illustrate the method of clinical diagnosis and the technique of surgical intervention. But as such is not the case he will reserve them for a future and more practical paper.

Report of Three Operations on the Bladder During August.

By Andrew J. Crowell, M. D., Read before Charlotte Medical Society October Meeting, 1901.

At the request of our president, I present to you this evening a report of three bladder operations performed in the month of August.

The first case to which I wish to call your attention is that of J. J., white male, age 27, farmer by occupation, and with a negative family history. The patient had a severe attack of typhoid fever six years ago, at which time he had, during the *third week,* acute retention of urine, and had to be catheterized.

A rubber catheter was left with the grandfather with instructions to catheterize the boy when necessary. In the attempt to carry out these instructions, the catheter was pushed into the bladder. This so stimulated the action of the bladder that further catheterization was unnecessary, and, in a short time, a violent cystitis was set up, with recurrent attacks from time to time, until he came into my hands July 3d, 1901. At this time he was suffering with frequent urination, violent vessical tenesmus, pain in the back and bladder, which was almost constant. This pain was increased on motion and when the bladder was empty. Change of position or pressure on perinaeum would often aid much in passing his water. Usually he had severe pains at end of urinary act, accompanied by pus and blood from the bladder. He frequently had involuntary actions from the bowels in his efforts to urinate.

Urinary analysis showed the presence of blood, pus, albumen, epithelium in abundance in an alkaline urine, but no sugar or tube casts.

Rectal examination showed the presence of an enlarged and tender prostate with a hard mass just above it in the pelvis of the bladder, which appeared to be at least as large as a goose egg, and tightly fixed.

The anterior urethra was then irrigated with a 1-4,000 solution of permanganate of potash, a steril stone searcher, lubricated with steril oil, was inserted into the bladder, and a large stone readily detected. This manipulation was followed in twenty-four hours with a severe chill and a high fever—temperature reaching 104 3-5 F., with increased vesical disturbance. At this time he was given a dose of calomel, followed by salts and acetonilide to control the temperature. The patient was prepared for operation on the following day. On the 5th—the day of the operation—the temperature was 101 2-5 and pulse 90. The patient was chloroformed, rectum distended by the use of a rubber bag and water, but no effort was made to distend the bladder, on account of the stone being so tightly fixed in the pelvis of the bladder, and then an incision of two or two and one-half inches long was made in the median line just above

the pubis, which went through to the peritoneum. This was pushed up and a small incision made into the bladder. This revealed the stone in the pelvis of the bladder, tightly walled off by a strong contracted band of circular muscular fibres. This made the removal of the stone very difficult without crushing it or injuring the bladder wall. It was finally removed without crushing with a sound catheter, almost completely covered with a phosphatic deposit which I showed you at our last meeting. The bladder wall was then sutured up, leaving just enough opening for drainage tube and two small pieces of gauze. This opening into the bladder was sutured to the abdominal wall by one or two ligatures on each side, going through all the abdominal wall and coats of the bladder. The latter ligatures were left in three or four days to prevent the extravisation of urine into the tissue. The abdominal opening was then closed with silk woven gut, fairly close around drainage tube and dressed. The bladder was irrigated through drainage tube daily until the cystitis subsided. The tube was then removed and the wound allowed to granulate up.

The patient made a rapid and perfect recovery and with less suffering (from the operation) than he had many times experienced in one day prior to the operation.

The supropubic operation was preferable in this case, because of the large size of the stone, and the probability of its having the catheter enclosed within it, thus making crushing, in a lateral lithotomy, much more difficult. In doing a suprapubic operation, when necessary to suture the bladder, care should be taken not to go through the mucous coat. These sutures should be about ¼ inch apart and usually kangaroo ligatures are best for this purpose. When there is but little cystitis, the bladder should be entirely closed and the wound allowed to heal by first intention.

Your attention is called to this case to emphasize the folly of allowing a man to go on suffering as this man did, with such a foreign body in his bladder, with the hope that it will undergo decomposition and pass out with the urine—an utter impossibility. It must be removed, and the sooner the better. If impossible to remove through the urethra, perineal section is very simple and easy. Other dangers in allowing such a foreign body to stay in the bladder are the irritation of the prostate gland, causing hypertrophy; the constant cystitis that necessarily must follow and the probability of a pyelonephritis from the inflammation extending back into the ureters and kidney pelvis.

The second case I wish to report is that of a colored man, 52 years of age, farmer by occupation, with a negative family history. He was admitted to the hospital August 25, with the history of having received an extensive perineal injury in a runaway wreck six years ago. The scar shows that the injury must have been quite an extensive one. He had suffered more or less inconvenience from frequent and difficult urination from the time of the injury until he came into my hands. He denied ever having had gonorrhoea or any other venereal disease. About two weeks before I first saw him he grew worse, which continued until he suffered

with acute retention of urine. Medical aid was sought and an attempt made to catheterize, which was a failure. Consultation was then called in, the patient was chloroformed and another futile effort made to catheterize. The bladder was then aspirated and the patient sent into the hospital for treatment.

Shortly after arriving at the hospital he was again chloroformed and prepared for perineal section without effort to pass sound, catheter or bougie, as two futile efforts had been made by competent physicians. Efforts were made after the patient was thoroughly relaxed by chloroform to enter the bladder with instruments, but was unable to pass even filiform bougies to use as a guide. Perineal section was then made through the scar tissue, after much difficulty, into the membranous portion of the urethra, just back of the stricture. The bladder was then searched for foreign body, but none found. I then, with some difficulty, passed a filiform bougie back into the anterior urethra and opened up about three-fourths of an inch of tightly contracted scar tissue at the junction of the anterior with the posterior urethra.

Drainage tube was put into the bladder and left for thirty-six hours. The cystitis rapidly subsided, the patient made a rapid and complete recovery and went home in less than three weeks, with instructions to have sounds passed every week for awhile, and then less frequently.

The man had an enlarged and tender prostate gland, a chronic cystitis and finally retention, due to a neglected troumatic stricture. From this case we have impressed upon us the importance of keeping strictures dilated from whatever cause they may be due. The probabilities are that later in life he will have prostatic trouble unless treated, which he is not likely to have done.

The third case is that of a white male, Mr. McN., age 40, lawyer by profession, and with a negative family history. He was referred to me by his family physician August 25th, with the history that the patient had always been a strong, healthy man up to eighteen months ago, when he received in a railroad wreck a compound fracture of his left arm just above the elbow, with a number of less serious injuries, but no history of bladder trouble at that time, or since, to amount to anything until the present trouble commenced. Patient denies having had gonorrhoea or taken any drugs of any kind that could have brought on his present trouble.

About six weeks prior to his first visit to my office the patient noticed a desire to urinate frequently, with slight tenseness at end of urinary act, and a burning sensation during the whole act just back of the head of the penis. These symptoms grew worse and worse, and finally medical aid was sought and very appropriate medical remedies tried without avail. Finally the bladder was irrigated with a boracic acid solution, followed by weak nitrate of silver solution, which had to be done under chloroform anæsthesia on account of the extreme sensitiveness of the prostate gland and bladder—eucain and cocain failing to make this manipulation bearable. This irrigation was repeated every second day, but the patient made no improvement whatever. He came to my office on

the 25th suffering with extreme pain during and after urination, which was at least 25 time in 24 hours, and only made bearable by the use of half-grain doses of morphine hypodermically; intense perioneal pain which extended up posterior urethra nearly to the head of the penis. Occasional involuntary actions of the bowels would occur in the effort to urinate. Examination of urine showed the presence of blood, epithetinum and pus in abundance; also albumen, fibrous tissue and mucous shreds, but no tube casts. The anterior urethra was irrigated with potassium. Permanganate solution, a 5 per cent. solution eucain injected into urethra, after which a steril catheter was passed just through the cut-off muscle and eucain passed through prostatic urethra into the bladder. A stone searcher was then introduced, but no satisfaction could be obtained from the examination on account of the extreme tenderness of bladder and prostate gland. No effort was made to use cystoscope on account of the extreme tenderness of these parts. Prior to this work, I should have stated, a rectal examination was made and the prostate gland was found to be about three times the usual size of a healthy one, very tender, hot and pulsating.

The patient was then advised to undergo an operation. To this he readily consented, and went to the hospital to be prepared for the operation. On the following day the patient was chloroformed and an opening through the perinaeum was made into the bladder. The prostate gland appeared to be that of a hypertrophird one that had taken on an acute inflammation from some source, and the mucous membrane of the bladder was covered with old graunlations, which showed the presence of a chronic cystitis that had taken on an acute inflammation. The bladder was cuiretted thoroughly with a dull cuirette, irrigated with a boracic acid solution, drainage tube inserted and wound closed fairly close around the tube and dressed with silver foil and sterile dressing. Tube was left in about three days and bladder irrigated through it with boracic acid solution daily. The patient made a rapid recovery and went home in three weeks, feeling that he was almost well. I advised his physician to have him take hot rectal irrigations of a normal salt solution twice daily, and to massage the prostate gland through the rectum three times a week, followed by a deep installation of a 2 per cent. nitrate of silver solution. This was advised because of an uneasy sensation at the neck of the bladder just after urinating.

This case is reported because of the obscurity of the primary cause and the importance of treating prostatic troubles early.

It is my opinion that the cystitis was due primarily to the prostatic trouble in this case, and it is possible that the prostatic trouble dates back to the railroad wreck, as troumatism is one of the causes of prostatic troubles in the young. If the prostate had been treated early the attack of cystitis may have been avoided.

It is very probable that this patient will return after a time for a Botina operation, as his cystitis is likely to return—certainly unless the results following the treatment of the prostate surpasses what we usually expect.

Clinical Report of Diphtheria in Salisbury, N. C., During Six Weeks Ending October 1st.

By J. Meigs Flippen, M. D., Read Before Rowan County Medical Society at its October Meeting, 1901.

Through the kindness of the profession of Salisbury, I am able to report the following cases of diphtheria, with treatment and results.

First case: Dr. J. W. Long's; C. M., age 2 years, 10½ months. Contracted diphtheria (or developed attack) at Conelly Springs, Aug. 24, 1901. Source of contagion unknown. Symptoms up to August 27, fever, restlessness, throat sore and red, glands at angle of jaw greatly enlarged. Membrane first observed August 27, 9 a. m. Antitoxin given at 11 a. m., 1900 units. This bottle marked "out of date" September 5, 1901. Improvement unmistakable, but slight for 36 hours, when membrane increased and spread to nose and pharynx, becoming abundant in pharynx. Antitoxin given August 30, 900 units. Dated *out* August 27, 1901. Improvement marked. September 6, membrane reappearing, fresh antitoxin, 1000 units, was used. Convalescence rapidly established. Bacterial tests failed on account of faulty media. Complications: Nephritis (albumen and casts) pronounced and persistent; glandular enlargement; marked sepsis; membrane in nose.

Second case: Drs. Crump and Klutts, consultant physicians; Mrs. St. C., age 33 years. Source of contagion unknown. Membrane first seen on August 8th, 8 p. m. Membrane first appeared on left tonsil; on the 9th on right tonsil. Under peroxide hydrogen sprays membrane almost disappeared from left tonsil by 10th, but from right tonsil began spreading across base of tongue. Antitoxin was used August 10, 8 p. m., 2000 units. Improvement began at 11 a. m., of next day, and continued uninterrupted. Membrane entirely gone by August 13. Complications, none. Other treatment was spray of peroxide hydrogen, quinia internally. Bacteria present, Klebs-Loeffler.

Third case: Dr. W. W. McKenzie, attending physician. Age 3½ years; was taken ill in Asheville, N. C., with nasal and bronchial catarrh two weeks previous to development of membranous croup or laryngeal diphtheria September 2d, evening. No membrane to be seen; no evidence of diphtheria outside of larynx except slight enlargement of glands. Antitoxin, 1500 units, was administered September 3d at 9 a. m., 1000 units, September 3d at 4 p. m., 1000 units, September 3d at 4:30 p. m., as patient was struggling for breath, intubation was done, but tube forced out by phlegm. At 5 p. m., tracheotomy was performed, giving instant relief. Nourishmen was given until 6 a. m., September 4, when the child began to sink and died at 7:30 a. m.

Fourth case: Second case of Dr. McKenzie's; L. P., age 4 years; residence, New Orleans. Developed laryngeal diphtheria at Blowing Rock, N. C., Saw case first time Sep. 15th, 8 p. m. No antitoxin available. Gave calomel, and used calomel and lime fumigations. Child grew rapidly worse, until 3 a. m., when he began to suffocate, turned purple and became cold. No intubating set being at hand, to prevent immediate death, did tracheotomy, using rubber tubing in place of tracheotomy tube; there was instant relief from suffocation;

circulation was re-established, color became normal and respiration easy. Drank milk at 5, 7 and 9 a. m. At 10 played with his toys; continued to improve for 24 hours, when bronchi filled with mucus and child died at 4 p. m. Dr. McKinzie thinks it more than probable this case would have recovered if he had had tracheotomy tube.

Fifth case: Dr. W. L. Crump, attending physician. Age, 12 months. First visit September 24, 1901. Temperature 101.5. Patch of membrane on right tonsil; September 25, membrane extended to uvula and left tonsil. Antitoxin administered, 500 units, in the morning, and in the evening 500 units more. In conjunction used internally:

℞ Hydrorg Bichlorid..... ⅛ gr.
Tr. Ferri. Clor..... ʒ i.
Glycerinae..... ʒ ii.
Aqua, Q. S..... ʒ ii.

Sig. Teaspoon full every 4 hours. Also gave Quinine and Sprayed with Hydrozone 1 part, Aqua 4 parts, morning, every hour.

September 26, morning, more membrane in pharynx and invading larynx. Also bronchial rals over posterior surface of lungs. Temperature 102. Gave antitoxin, 1000 units. Evening, stertorous breathing, diffused bronchitis. Gave 1000 units antitoxin; also intubated. (Dr. Long, consultant.) September 27, morning, gave antitoxin, 1500 units. Breathing easy. Temperature 100.5. Evening, continued to improve. Treatment continued, except no antitoxin. September 30, tube removed; child continued to improve. Recovery uninterrupted. Source of infection not clearly traceable, but more than probable contracted from elder sister, who has a mild case of supposed tonsilitis two weeks previous. I now think it to have been a mild case of diptheria.

Sixth case: Female, age four and a half years. Source of infection not known. This case was my own. Called on September 9th, about 8 p. m. Child very nervous and restless. Temperature 104; respiration 46, jerky; looked as if child would have convulsions. Inspection showed membrane covering entire throat, tonsils, uvula, pillars, and, in fact, as far down throat as I could see. Also membrane extending through nose. I sent for my syringe and antitoxin; 10 p. m., gave 2000 units. September 10th, 9 a. m., temperature 101, gave antitoxin 1500 units; 6 p. m., gave antitoxin 2000 units. September 11th, 9 a. m., gave antitoxin 1500 units. Child seemingly very much better, but membrane still intact, and very extensive, except the membrane in nose, which had began to break down. I gave as additional treatment:

℞ Potass. Chloratis..... xxiv gr.
Tr. Ferri. Chloridi..... ʒ ii.
Glycerinae, Q. S., ad..... ʒ iii.

Sig. Teaspoonfull every hour. Also Sol. of Nuclenic Acid. Fifteen drops every 3 hours. Whiskey ʒ i every hour, more if could get child to take it.

To help dissolve the membrane, which was very thick and tough, I used:

℞ Papoid..... xl gr.
Sodis. bicorb..... xl gr.
Glycerine..... ʒ i.

Sig. Apply with mop every three hours.

In spite of all I could do the membrane remained for over one week, then gradually broke down and disappeared. The child continued to improve, and made and uneventful recovery, after two and a half weeks illness. I continued all internal treatment until recovery.

I gave to this case in less than 40

hours 7000 units of antitoxin, which I feel sure saved the child's life.

Complications: All the glands of the neck were very much enlarged, also had nephritis, which continued for several days after patient had seemingly recovered. Before discharging this case, I fumigated the room with formalin gas. Also kept the case under strict quarantine. There were two other children in this family that had been with this child until quarantined. I gave to both 500 units antitoxin. Neither have developed diphtheria.

Seventh case: Dr. Brown's. Age 3 years. Saw child in September, 1901. Membrane located on tonsils in naso-pharynx and larynx. Infection not traceable. Saw this case about third day of sickness. Gave 2000 units antitoxin at once. No more was needed. Used local antiseptics and internal supportives. Marked improvement in 24 hours; no complications.

Eighth case: Dr. Brown's. Age 5 years. Membrane on posterior surface of tonsils. Infection not traceable. Saw case first on third day of sickness. Gave antitoxin in 2000 units; local antiseptics, internal supportives, and no complications. Results, recovery in a few days. Diagnosis confirmed in both cases by culture and microscopical examination.

Ninth case: Dr. West. Age 4 years. Laryngeal diptheria; treatment, lime and calomel fumigation. Gave calomel seven hours before death; the symptoms growing worse, intubation was done by Dr. McKenzie, but death resulted.

Tenth case: Dr. W. C. Kluttz. Age 10, overdeveloped female. Patient first seen on September 19, 1901. History of chills and fever. Examination of blood showed malarial plasmodium. September 21, patient apparently recovered. September 30, called in on account of general swelling of tissues, arms, legs and forehead.

Examination of urin showed abundance of albumen, numerous hyaline and granular casts, waxy casts and blood. October 3, some better, urine more in amount and less albumen. Some signs of beginning pleurisy. October 5, glands of left side of neck swollen, and mother noted this morning a little whitish patch on left side of palatal arch. Culture taken. Dr. Councill saw her, as consultant, at 5 p. m., and agreed on diagnosis of diptheria. At 7 p. m., gave 1500 units antitoxin. Temperature 103, pulse 120, respiration 50. October 6, much improved; rested well the previous night, except for profuse perspiration. Membrane has not extended. Urine more profuse. October 7, membrane over arch of palate and left tonsil appears to be growing looser. October 8, urine to-day shows only trace of albumen and no casts. Membrane, except for small patch, has disappeared. Temperature 99.5, pulse 92, respiration 22.

Points of interest in this case: Was there any connection between the nephritis and diphtheria, as there were no signs of diphtheria for six days after the beginning nephritis? The subsidence of the nephritis with the appearance of the diphtheria.

Summary: Out of the ten cases reported, I find five pharyngeal and five laryngeal. Mortality in pharyngeal cases, none; mortality in laryngeal cases, 60 per cent. Two of the

three cases that died did not receive any antitoxin. In Dr. McKenzie's case it was not obtainable. In Dr. West's case the antitoxin was injected only seven hours before death. Of course we could not expect any beneficial results from antitoxin at this stage. That leaves us one case out of the three deaths to receive antitoxin, or a mortality of 20 per cent. in the laryngeal cases. Taking all the cases treated with antitoxin, we have a mortality of 10 per cent., which is a remarkably low mortality when we consider that 50 per cent. were laryngeal cases. Tracheotomy performed in two cases. Mortality 100 per cent. Intubation in two cases. Mortality 50 per cent.

When should intubation be done? When tracheotomy? I think all laryngeal cases, with marked dyspnœa should be intubated. When intubation does not relieve dyspnœa, tracheotomy should be performed, or when it is impossible to keep the tube in position, or where the tube has been pushed below the vocal cords, or where a large piece of membrane has been pushed in front of the tube, and upon removal of the tube the membrane is not expelled and the dyspnœa relieved.

The physician's duty to his patient, to himself, and to his neighbor, in diphtheria is: First, to the patient, when he thinks it probable or at all likely that his patient has diphtheria, give antitoxin, and give it in large doses. When he knows he has a case of diphtheria, give at least 2000 units of antitoxin every six hours until the case is improved or becomes hopeless. I should not hesitate to give 10,000 or 20,000 units of antitoxin in a case of diphtheria, provided I did not get improvement sooner, and the case continued to live long enough. Next to antitoxin in the treatment of diphtheria I think comes alcohol, given in large doses.

In all suspected cases of diphtheria I think it well to make cultures. This is such an easy matter that any one can do it, provided he has a tube of Loeffler's solidified blood serum. My way of making the culture is to take a sterilized probe and rub it well over the membrane and then draw the probe over the surface of the blood serum; or what is better, I detach a small piece of membrane and draw that over the surface of the serum. Then place the culture tube in a incubator at about 100 degress F. As I have no incubator, I strap the tube beneath my arm (next to the skin), by means of rubber adhesive plaster. If we have a case of diphtheria, the culture will be seen growing in from 6 to 10 hours. If we have a growth upon the culture media in 6 or 10 hours is very likely diphtheria, as no other germs grows so quickly, but the microscope will be required to prove the diagnosis. All *suspected* cases of diphtheria should immediately be isolated, and when the diagnosis is sure, the house should be placarded and strict quarantine instituted until the case is entirely recovered and the room thoroughly disinfected with formalin gas.

In case of death the body should be wrapped in a sheet wrung out in strong solution of bichloride of mercury. There should *never* be any public funeral. Bodies of persons dying of dyphtheria should be cremated, but as we have no crematory in our midst, we should, at least, protest against any public funeral. If we carry into effect the few simple details that I have tried to describe,

I think we will feel that we have done our duty.

The source of infection in the present outbreak of diphtheria has not been traceable to any particular case or locality. Still, I feel sure that diphtheria was brought us from the mountains of North Carolina. It was carried to the mountains of North Carolina by summer tourists from the extreme Southern States. Diphtheria has been prevalent in most all the Southern States for several months. The wealthier class left their homes to summer in our mountains, bringing diphtheria with them, in consequence of which we have diphtheria in our midst.

Now, the question which faces us is how to get rid of an unwelcome visitor?

How is diphtheria contracted? By the germs getting into our throats. How do they get in? From breathing the air laden with the bacilli, or from contaminated hands or clothing.

The pure culture of the diphtheria bacilli, in a perfectly healthy throat, will not produce diphtheria, so long as the mucus membrane in the throat remains unbroken or uninflamed, but should the mucous membrane become broken from any cause, then the germs "take root" and diphtheria is developed. This should give us very little encouragement, as most, if not all cases of diphtheria are mixed infection, and whenever the streptococci becomes located on mucous membrane there is redness and a catarrh, in other words, a breaking of the mucous membrane. This gives free entrance to the Loeffler bacilli, causing diphtheria.

In conclusion: To stamp out this outbreak of diphtheria in its incipiency, we *must quarantine* and disinfect. As to disinfectants, one of the best preventatives against the spread of diphtheria is the fumigation of the room with 15 or 30 grains of calomel every two to four hours during the attack, and after recovery the thorough fumigation of the room with formalin or four to eight ounces of calomel. The walls should be thoroughly scrubbed with strong solution of bi-chloride of mercury or receive a fresh coat of whitewash. The clothes, bedding, etc., should have a hot water bath of several hours or compressed steam in addition to the fumigation. Members of the family should be instructed to keep the mouth and teeth perfectly clean and use antiseptic gargles. All catarrhal troubles should receive prompt and effective treatment, as this trouble gives free admission to germs of diphtheria. I do most earnestly beseech every member of this society to instruct his patients how to use disinfectants, and how to treat themselves, so that one and all may work for the accomplishment of a certain end—the stamping out of this dread scourge of our infantile population.

The November *Scribner* contains: Among the Dunkers, by Nelson Lloyd; The Fortunes of Oliver Horn, chapters I., II., (continued), by F. Hopkinson Smith; With the Cougar Hounds, by Theodore Roosevelt; Motherhood (poem), by Josephine Dodge Daskani; Without Law or License, by Sewell Ford; The Pines of Loray, (concluded), by J. A. Mitchell; The United States Army, third paper, by Francis V. Greene; Marquis Ito, the Great Man of Japan, by Frederick Palmer; Russia of To-Day, VII., Horman Norman.

Selected Papers.

The Etiology and Symptomatology of Constipation, Including the Differential Diagnosis Between Atonic and Spastic Constipation.

By Boardman Reed, M. D , Read September 11th, 1901, Before Philadelphia Medical Society.

Constipation may be best defined as that condition in which there is an imperfect emptying of the bowels.

It may result from many different diseases. Though only a symptom of some pathologic state, either in the innervation or muscular apparatus of the intestines, or of disease elsewhere in the body, it is exceedingly prevalent in civilized communities, and, in its chronic form, is almost never cured by the administration of medicines alone nor by any directly opening measures, whether in the form of laxative drugs, per os or rectum, or colon douches, or even the usual routine massage.

Etiology. To enumerate all the diseases which seem often to stand in a casual relation to constipation would almost exhaust the list of important known maladies. Prominent among those which nearly always produce constipation (and some of them complete obstruction) are meningitis, brain tumors and many other cerebral and spinal affections, lead poisoning, volvulus, invagination of the intestines, hernia, peritonitis, appendicitis, abdominal and pelvic tumors, etc. It is also a frequent result of blood impoverishment and of most depressing diseases of the nervous system, inflammation of the stomach or upper intestines, ulcer or tumor of the same, and stricture of the bowel; also, of abnormalities in the gastric secretion, especially hyperchlorhydria, many diseases of the liver and pancreas, and particularly of the downward displacements (ptoses) of the abdominal viscera, as well as backward displacement of the uterus and other diseases of the pelvic organs. Prolapse of the right kidney (movable kidney), which is exceedingly common in women, is often a factor in the production of constipation by obstructing at times the lumen of the duodenum, and the agglutination of folds of intestines to each other or to neighboring structures may seriously impede the onward propulsion of the feces.

The most prolific cause of chronic habitual constipation, and those most amenable to non-surgical treatment, are to be found in either one of two opposite conditions involving both the nervous and the muscular apparatus of the gastro-intestinal tract, and requiring quite different methods of treatment. These are atony and spasm. Atony of the stomach and walls, whether amounting to dilatation or only to motor insufficiency with delayed emptying, results gen-

erally in a deranged intestinal peristalis showing itself usually at first in the form of constipation. Atony in any part of the intestine must manifestly produce a like result.

A cramp or spastic state of the pylorus or of the muscles of the intestines, leading to irregular local tonic contractions of the circular fibres, is a common and often unrecognized cause of constipation. In hysteria and in certain forms of neurasthenia such localized spasms are perhaps almost as frequently responsible for difficult defecation as muscular atony and much more frequently than any other single cause. It is probable, also, that the deranged digestion, both gastric and intestinal, which so often accompanies neurasthenia by producing fermentation and abnormally acid conditions in the alimentary canal, conduces powerfully to the spasmodic action; and it is likely that portions of the bowel, the mucous membrane of which is in a state of chronic catarrhal inflammation, have an increased tendency to spasmodic contractions.

Authorities differ widely as to the relative importance of various factors in the causation of both atonic and spastic constipation. Glenard considered displacements of the stomach and intestines as chiefly responsible, while Emminghaus traces habitual constipation to degenerative changes in the splanchnics, and Dunin thinks it attributable mainly to central functional anomalies in the nervous system. Boas finds it difficult to either deny or confirm these theories, but points out that in any fully developed case of neurasthenia with constipation there may be found a vicious circle, and he aptly illustrates his idea by describing as follows a supposed case such as we often see:

"A previously healthy woman begins to suffer with constipation and requires aperients. Gradually these become inefficient; defecation is more and more difficult and imperfect. At the same time, there is taken a decreased amount of nourishment either in consequence of a misuse of purgatives or as a therapeutic measure ('easily digestible food') or as a result of a bad general condition, or from anæmia or gastric derangements, *e. g.*, atony. Naturally, then, there follows emaciation, dropping of the abdominal viscera and, with these, increase of the constipation, and finally, as a capstone to all these symptoms, the picture of well-marked neurasthenia. Here, as every experienced physician must concede, the enteroptosis is not the cause, but the consequence, of the habitual constipation, and the same holds good also for the neurasthenia. But, on the other hand, the loss of flesh from whatever cause can lead to the development of visceral displacements and so produce constipation, or, perhaps more correctly, favor its development, as also, in like manner, genuine neurasthenia (according to Dunin's view) may prove the basis for the development often of even very stubborn forms of constipation."

An insufficient amount of food or drink, a too bland diet lacking in refuse matters, or a too predominately nitrogeneous diet, sedentary occupations, deficient exercise, and a want of regularity in going to stool are further important causes of chronic constipation.

Symptomatology. It has been denied that auto intoxication can be

caused by dry feces, no matter how long retained, and in Germany the resulting phenomena are more generally considered to be reflex; but however accounted for, some of the following symptoms may be constantly observed in constipation: Dizziness, headache, insomnia, mental hebetude or depression, nausea, furred tongue, offensive breath, flatulency, colics, failing appetite, as well as other indications of impaired digestion, various affections of the skin, including particularly urticaria, and often, objectively ascertained, deranged gastric secretion (especially excessive HCl) and probably lowered gastric motility, as well as indicanuria and excess of the aromatic sulphates, and of the total acids in the urine. Other objective signs are dry, hard stools, lumpy or made up of agglutinated balls of different color and consistency, or hard globular feces of various sizes, from that of hazel-nuts up, or in spastic cases, as well as in cases of organic strictures, feces moulded in narrow cylindric forms.

Periodic transient attacks of diarrhea, with usually mingled lumps and liquid feces, which are often exceedingly offensive, may be considered as a symptom of chronic constipation. In these cases there is irritation of both the mucous membrane and musculature of the intestines by the long continued pressure of the hard fecal masses and distention from the imprisoned gas, and probably a catarrhal process is also set up in places, through infection from the enormously multiplied bacteria in the stagnant feces, with abundant formation of organic acids from fermentation.

It is a serious mistake to treat such diarrheal attacks by opiates and astringents, or even by antiseptics alone, when nature has so clearly pointed the way to a prompt clearing out of the intestines which should be accomplished preferably by a colon douche. Recurrent diarrheas, with either no stools or insufficient stools between, are signs of chronic atonic constipation, or else of a mild chronic enteritis, and need to be treated accordingly.

Diagnosis. It is of chief practical importance to differentiate the atonic and spastic forms of constipation from each other, and both of these from the organic changes which may impede defecation. Westphalen, of St. Petersburg, has written elaborate papers concerning both the atonic and spastic form of constipation and has pointed out the differences between the two very clearly. Numerous authors, including Nothnagel, Boas, Flick, Fleiner and others, in Germany especially, have mentioned the spastic as a possible form of constipation, but with a few exceptions do not lay much stress upon it. Many cases of this affection, which were seen in my own earlier practice, were not recognized as such. They were often given abdominal massage, not only without benefit but with the result of increasing their constipation. These were patients suffering from neurasthenia in connection with gastro-intestinal derangements, and many of them showed spastically contracted abdominal muscles and excessive knee-jerks. I do not now prescribe the usual vigorous abdominal massage for such patients though I sometimes find them to be benefited by light stroking—effleurage; but to try to cure them by general roborant measures, trusting to

diet, special exercises, oil enemas, etc., to keep their bowels open. Besides the fact that spastic constipation occurs in nervous, excitable patients with heightened reflexes, Westphalen points out that in such cases the stools, though usually complete, are passed with the greatest difficulty and often only after much straining and long delay. Afterward there is left behind an unsatisfactory feeling, as though the rectum had not been perfectly emptied, even when an examination would show that no feces remained there. This sensation he considers to be due to an irritated condition of the nerve-endings in the rectum. A like hyperesthesia of the mucous membrane of the bowel is supposed to play a part in producing the irregular contractions of the circular muscles which hinder the onward progress of the feces. A contrary group of symptoms obtains in atonic constipation. Here the amount of feces passed daily is too small, not at all in proportion to the quantity of food taken, and yet the patient may pass them with little straining or effort, and feel afterwards as though he had had a thorough evacuation. He may also be neurasthenic, but will not likely have such exaggerated reflexes. His abdominal muscles will not be so rigid upon palpation, and a finger introduced into the rectum will not be so tightly grasped.

With regard to the appearance of the stools in the two forms, all agree that small ones of lead-pencil or little-finger shape and size mean a spastic contraction of some portion of the bowel, when an organic stricture can be excluded, except in cases of semi-starvation, especially in cancer, as a result of which the lumen of the intestine may become greatly lessened. These stools may be canalicutated. I may add as an important diagnostic point observed by myself, that spastic conditions are almost never constant, but the patients will at some time (often as a result of nerve sedative), pass stools of normal calibre, whereas, when there is a permanent stricture, the stools are always in either a slender form or fluid. Westphalen also lays some stress upon the consistency of the stools, insisting that while they were very hard and dry and often covered with a thin layer of mucus in the atonic form those passed in a spastic contain no mucous outside or inside, but have usually a larger percentage of water and are tougher, more sticky and of a more glistening appearance — *glanzend*. The latter also contain less gas, so that they will not float in water as normal feces or those from a case of atonic constipation usually will.

Careful palpation and percussion over the abdomen will show differences between the atonic and spastic types of constipation. In the former a more general tympany should be demonstrable, with possibly masses of hard feces to be felt in the cecum or flexures of the colon; while in the latter type one may often feel portions of the intestine contracted like a cord under the finger. Then, in the spastic form, too, there are more frequently very sensitive spots in various parts of the abdomen, especially in the region of the umbilicus, and there are portions over which marked tympany contrasts sharply with the duller note of adjoining regions, showing imprisoned gas. Tabetic patients in an early stage are likely to present the

phenomena of spastic constipation. Judging from my observation, it is highly probable that most neurasthenic patients who suffer excessively from intestinal flatulence which accumulates in places to their great discomfort, finally passing with borborygmi through evidently narrowed coils of intestine, while the feces themselves are retained, have the spastic form of constipation, however complicated with other conditions. Finally you may find both forms in the same case, since it is quite possible for atonic constipation to be complicated at times by a spastic condition.

From the constipation or obstruction dependent upon serious organic disease, such as strictures, tumors, inflammatory affections, etc., both the atonic and spastic forms of impeded defecation can generally be differentiated by thorough and painstaking examinations, with the help of our modern exact methods. The above-mentioned hint as to the constant smallness of the stools in organic stricture should be helpful. Filling the stomach with gas and again with liquid and afterward, if necessary, treating the colon in the same way, will often reveal latent tumors and their attachment, and a thorough douching of the colon with warm water will usually demonstrate a chronic enteritis by the amount of mucus brought away.

The importance of taking the necessary pains to reach a definite diagnosis in these cases cannot be overestimated. The time has gone by when we should be content to let our constipated patients continue indefinitely with whatever laxative drug affords them the most comfortable evacuations. Our duty is to ascertain the exact cause of constipation, and then to cure it, as is possible in a large majority of cases.

Similar to the Effect of Sunlight.
From The Medicus, May, 1901.

The physiological-chemistry of antikamnia, in disease, exhibits analgetic, antiperiodic, antipyretic and antiseptic functions. Its antiperiodic tendency is similar to the effect of sunlight, though differently expressed. However with antikamnia this latter function is materially aided when combined with other well-known drugs, such as quinine and the milder laxatives. The ideal combination I have in mind may be obtained in "laxative antikamnia & quinine tablets." To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, I might mention la grippe, influenza, coryza, coughs and colds, chills and fever, and dengue with its general discomfort and great debility. These tablets administered in doses of one or two and repeated every one or two hours are a perfect antipodic in malaria, and a perfect reconstituent tonic—an expression of solar life, light and energy in malarial enaemia. (L. P. Hammond, A. B., M. D., Rome, Ga.)

The Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of phosphoric acid, is a valuable combination to prescribe in nervous exhaustion, general debility, etc., Robinson's Phosphate Elixir is an elegant solution of these chemicals. See advertising page 464.

Review of Medical and Surgical Progress.

A Study of the Temperature, Pulse and Respiration in the Diagnosis and Prognosis of Certain Diseases of the Brain.

J. T. ESKRIDGE, in New York Medical Journal, September 28th.

For a brief study of this paper, the following conclusion is added:

1. By a careful study of temperature, pulse and respiration, much that will aid us in the diagnosis and prognosis in certain diseases of the brain can be obtained.

2. Much care must be exercised and considerable time and patience are required on the part of the physician in obtaining reliable records.

3. Nurses are totally incompetent for such detailed work, unless they have been especially drilled for it.

4. A change in the character of the respiration, rather than its frequency, is sometimes one of the first positive symptoms of organic intracranial disease, especially the tuberculous meningitis.

5. A respiration that is more frequent while the patient is asleep or unconscious than it is during the waking or conscious moments is very strong evidence of organic disease of the brain so situated as to interfere with the respiratory centres.

6. Apoplexy due to hemorrhage is attended with a greater disturbance of the temperature of the body soon after the occurrence of the stroke than is the case when the apoplexy is due to thrombus or embolus. The temperature disturbances in apoplexy due to hemorrhage, especially if attended with hemiplegia, are a slight fall of the axillary heat within an hour or less after the occurrence of the hemorrhage, the fall being a little greater on the paralyzed side; after reaction has occurred, (eight to twelve hours on the average), a slight rise of temperature, a little greater on the paralyzed than on the opposite side; an elevation of temperature from half to two degrees or three degrees above normal for the next few days, the temperature remaining a little higher on the paralyzed side for a week or more (in cases of complete hemiplegia), later, the temperature slightly lower on the paralyzed side if tropic disturbances occur.

7. In apoplexy from thrombus or embolus there is scarcely an appreciable disturbance of temperature before the end of the second day, except in the severer cases. In these cases it is slight. In the majority of cases of apoplexy from thrombi or emboli there is no marked variation of temperature from the normal at any time, so that disturbance of the temperature the first day points very strongly to hemorrhage as the cause.

8. Considerable disturbance of temperature, beginning from the second to the fourth day, is significant

of thrombus or embolus and indicates extensive softening and an unfavorable prognosis.

9. If the temperature on the paralyzed side remains higher than on the opposite side several weeks after the occurrence of apoplexy from any cause, it indicated that softening or inflammation of the brain is going on, and lends great gravity to the prognosis.

10. It is premature to attempt to arrive at any definite conclusions from a study of the temperature, pulse and respiration in traumatism of the brain.

This class of cases, on account of their great importance, deserve a more detailed study of all their symptoms. It is probable that if cases of traumatism of the brain were classified and grouped according to the severity of the injuries and the character of the symptoms, a careful comparison of the temperature, pulse and respiration would lead to important conclusions.

In regard to the traumatic class of cases, it seems that we are justified in making the following tentative statements:

a. All cases of injuries to the head in which the temperature does not reach the normal or slightly above a few hours after the receipt of the traumata will probably prove rapidly fatal. The higher the temperature the greater the probability is that contusion or laceration of the brain and membranes is a more important factor in the case than intracranial hemorrhage. The greater the variation of the temperature from the normal, either above or below, the worse the prognosis.

b. A rapid, weak and intermittent or irregular pulse denotes great danger. A pulse that is at first slow but soon after becomes quite rapid, indicates that brain power is being overwhelmed by the intracranial lesion.

c. An exceedingly slow and intermittent respiration indicates a lesion at the base of the posterior fossa. The slower and the more pronounced the intermission of the respiration, the greater is the danger of sudden death. A respiration at first nearly normal in frequency, but soon after becoming quite rapid, indicates a rapidly fatal case.

Congenital Systic Kidney.

By William Jepson, in The Journal of the American Medical Association, September 28th.

The following points of interest are presented in this case: It involved only one kidney, and the fact that it developed to such a degree without leading to serious disturbances until occasioned by its encroachment upon the gastro-intestinal tract, through pressure.

The difficulties in the way of arriving at anything but a problematic diagnosis prior to direct inspection of the growth are quite insurmountable; and even inspection of the growth does not lead to a positive diagnosis until all structures from which a more or less similar condition might arise are examined as to their normality, and a diagnosis thus arrived at by exclusion. An organ thus distended no longer possesses any recognizable characteristics of its former self.

The case is further illustrative of the capability of children to endure what may be considered capital operations provided precautions are exercised in reducing to a minimum the period of anesthesia and operation, as well as the loss of blood.

The Clinical Diagnosis of Carcinoma of the Esophagus and the Techniques of Gastrostomy.

CHAS. GREENE CUMSTON, in New York Medical Journal, September 14th.

The writer divides carcinoma of the esophagus into five groups:

1. In this form of disease the first symptom which declares itself is the difficulty that the patient experiences in swallowing solid food. The dysphagia occurs suddenly in some instances, while in other cases it develops slowly, becoming more and more intense, while the pain increases as the stricture produced by the neoplasm becomes tighter. When the stricture has closed to such a degree that food can no longer enter the stomach, the esophagus becomes filled with the alimentary mass and dilates above the obstruction, forming a pocket which varies very much from one case to another.

2. By far the most frequent may be called the tracheo-broncial type, not only on account of the extensive and intimate relationship that the esophagus has with the trachea and the large bronchial tubes, but also on account of the tracheo-bronchial lymphatic glands which are often involved by a metastasis, resulting in a disintegration, and secondary infection occurring, from which fistulæ between the trachea and esophagus or the esophagus and the bronchial tubes are formed. Symptoms of compression are first noticed when the esophagus begins to press on the posterior aspect of the trachea, and finally almost completely occludes the lumen of the latter, and ultimately results in a permanent dyspnea with pulmonary emphysma.

3. This group of cases may be called the laryngeal, and under this title may be classed two different forms, one being the result of exhaustion of carcinoma of the mucous membrane, muscles and cartilage of the larynx, while the second is due to compression or inclusion of the laryngeal nerves. The first type is the most infrequent because primary carcinonia of the esophagus rarely makes its appearance at the level of the larynx, but when both organs are affected the neoplasm usually begins in the larynx and only invades the esophagus. This type is only a modification of the tracheal variety, and has the same symptoms, namely: dyspnea, and attacks of coughing and suffocation. The second type is not much more frequent than the one that has been considered, and is always extremely serious. The special objective symptoms are produced by a paralysis of the inferior vocal cords.

4. The pleropulmonary complications following carcinoma of the esophagus may be produced by the extension of the malignant mass to the lung, but often also pneumonia or pleurisy or a combination of both is met with, although the lung and pleura are free from the neoplasm. When extension of the growth does occur, we may have either a serious or purulent pleurisy, a hydropneumothora or pneumonia. Unless one finds a mixed lesion, there are a few carcinomataus nodules disseminated in the pulmonary tissue which have become the neucleus of hepatization, but carcinoma can never reach the lung without involving the pleura and consequently, with a pulmonary lesion, there is always pleurisy, usually with a bloody liquid. This pleurisy may be encysted and give stethoscopic signs of pneumonia.

5. The last group of carcinoma of the esophagus is the cardiovascular form. The heart and large vessels are in too intimate relation with the esophagus to escape lesion in many cases where this organ is the seat of carcinoma, and consequently we often meet with complications either of the heart or the pericardum, the aorta, the carotid, the inferior thyroid artery, the brachiocephalic trunk, or the vena carar or the subclavicular veins.

Blood Examination as an Aid to Surgical Diagnosis.

JOSEPH G. BLOODGOOD, in Medical News, August 31st.

Although there are exceptions to the rule, a rising leukocytosis is an indication for an operation. In the majority of instances, if the leukocytes reach 18,000 before 48 hours, it has been an indication of an advanced pathological lesion, for example, excessive exudate with a diffuse appendicitis, gangrene, or an appendix distended with pus, abscesses, or beginning peritonetis.

When the leukocytes have been below 18,000, or when counted a number of times, have fallen in number, the patients have recovered without operation. With the fall in the leukocytes there have been associated a rapid cessation of the local symptoms, or if operated on, the appendix has been the seat of but slight diffuse inflammation. Observed later in the attack, especially after the fourth day, a high leukocytosis has usually been associated with the localized abscess, or beginning peritonetis. It is to be remembered, however, that it is possible to have an abscess with a low leukocyte-count. Out of the 56 cases of appendicitis with abscess, 14 have had a leukocyte-count between 6,000 and 12,000; the remainder have been higher, the majority over 20,000. The usual count is between 20,000 and 25,000, one count 30,000, one 60,000. It is also to be remembered that with peritonetis there may be a very low leukocyte-count. This, so far, in our observations, has been associated with an extreme septic condition of the patient, and in every case death ensued.

These low leukocyte counts have been observed in patients admitted to the hospital three days, or longer, after the beginning of the attack, so it is difficult to ascertain the exact duration of the peritonitis. Observations are sufficient to indicate that in the majority of instances beginning peritonitis is associated with the rise in the leukocytes, which, however, fall as the patient becomes more septic. In a general way we may feel that a patient admitted with symptoms of peritonetis, with a high leukocyte-count, has a better chance for recovery.

The leukocyte-count simply indicates a short duration of the peritonitis. The positive prognosis depends more upon the bacteriological findings than upon the leukocytosis.

The Use of Gelatin in Controlling Hemorrhage.

JOSEPH SAILER, in Therapeutic Gazette, August 15th.

As a result of the analysis of the subject, it seems reasonable to conclude that gelatin increases the coagulability of the blood, whether applied locally, taken internally by the mouth, or injected subcutaneously or intravenously. Applied locally, it is usually harmless and may aid in healing by improving the

nutrition of the cells, although this is doubtful. It may be injurious by promoting bacterial growth, and should probably always have some antiseptic added to it. Injected subcutaneously or intravenously it is entirely harmless, and when the technique is perfect, practically painless. The solution should be thoroughly sterile; the dose employed should vary from one to three grams of pure gelatin. When administered by the mouth, from one to three hundred grams, or more, should be employed daily.

It is of advantage in any form of local hemorrhage, such as epitaxis, hemorrhoids or injuries. It checks certain forms of internal hemorrhage, such as hemoptysis, hematemesis, metrorrhagia, melena — neonatorum. It appears to be the best remedy at our command in the treatment of hemophilia, and in hemorrhagic forms of infections disease. At present it appears to be contraindicated in only one condition, viz, acute nephritis.

Are the Faucial Tonsils to Be Regarded as One of the Normal Organs of the Body?

Dr. F. H. Bosworth, of New York, propounded this question as the theme of his communication, and answered the query in the negative, though not insisting strenuously on the absolute correctness of this view. Twenty years ago he had declared his belief that the faucial tonsils are not found in a perfectly healthy throat, and he was disposed still to cling to this view. He was inclined to think that partial excisions of these tonsils leave the throat in a worse condition than before; they should be thoroughly extirpated, for they constitute a constant menace to health. He had long ago discarded the tonsillar guillotine, using in its stead the cold wire snare fitted with No. 8 piano wire. One advantage of this method was that it makes the operation practically bloodless. In operating upon the tonsils in children under ten years of age he was accustomed to give them sufficient chloroform to prevent pain but not to produce deep narcosis. Although this had been his practice for ten years or more he had yet to see any unpleasant symptoms attributable to the chloroform.

Dr. Robert C. Myles, of New York, said that he did not know of any instance in which he had succeeded in removing all of the basic portions of the tonsils. Much of the confusion surrounding this subject arose from the absence of any definite conception of what constitutes the normal tonsil. He would describe a normal tonsil as being 20 to 25 mm. in its vertical diameter, 8 to 12 mm. in its greatest antero-posterior diameter and almost 2 to 4 mm. in its greatest lateral diameter. —*Medical Record.*

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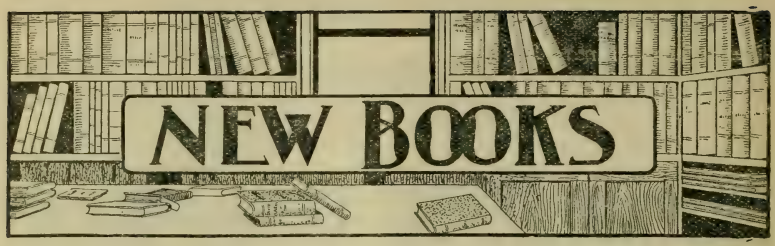

RAYMOND'S HUMAN PHYSIOLOGY. —Prepared with special reference to Students of Medicine. By Joseph Howard Raymond, A. M., M. D., Professor of Physiology and Hygiene in the Long Island College Hospital, and Director of Physiology in Hoagland Laboratory, New York City. *Second Edition, Entirely Rewritten and Greatly Enlarged.* Handsome octavo volume of 668 pages, 443 illustrations, 12 of them in colors, and 4 full-page lithographic plates. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.50 net.

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PROGRESSIVE MEDICINE, Vol. III., September, 1901. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 428 pages, 16 illustrations. Per annum, in four cloth-bound volumes, $10.00. Lea Brothers & Co., Philadelphia and New York.

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pecially the recently much-exploited treatment by baths, medicated and otherwise. Photo-therapy and the Finsen light treatment are discussed by Dr. Gottheil in the section on dermatology and syphilis. Dr. Spiller, in the section on diseases of the nervous system, has an able discussion on tumors and abscesses of the brain. He also discusses some of the commoner forms of the nervous diseases, which are occasionally so puzzling to those who have made no special study of neuroligy. Dr. Norris' consideration of the treatment of eclampsia, and the most recent view on the subject of symphisiotomy and his review of the large number of reported cases, in which lumbar anesthesia has been employed in obstetric practice, forms a very pleasing feature of this volume. In fact, this volume includes an interesting sketch of the practical advances made in diseases of the thorax, dermatology, syphilis, diseases of the nervous system and obstetrics.

THORNTON'S DOSE-BOOK AND PRESCRIPTION WRITING.—Dose-Book and Manual of Prescription Writing: With a list of the Official Drugs and Prescriptions, and the more important Newer Remedies. By E. Q. Thornton, M. D., Demonstrator of Therapeutics, Jefferson ville Medical College, Philadelphia. *Second Edition, Revised and Enlarged.* Octavo, 362 pages, illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Bound in flexible leather, $2.00 net.

In the revision of this convenient little book, additions have been made to the chapters on prescription writing and incompatibilities; also appropriate references have been introduced in the text to such of the newer curative sera, organic extracts, synthetic compounds, and vegetable drugs, as have been found to be of value. To the appendix, chapters have been added upon synonyms and poisons and their antidotes. The volume will prove of value, not only to the student and young practitioner, but to men of mature years, who desire a work of this kind for reference.

DORLAND'S AMERICAN ILLUSTRATED DICTIONARY.—The American Illustrated Medical Dictionary. For Practitioners and Students. A complete Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the kindred branches, including much collateral information of an encyclopedic character, together with new and elaborate tables of Arteries, Muscles, Nerves, Veins, etc.; of Bacilli, Bacteria, Micrococci, Streptococci; Eponymic Tables of Diseases, Operations, Signs, and Symptoms, Stains, Tests, Methods of Treatment, etc. By W. A. Newman Dorland, A. M., M. D., editor of the "American Pocket Medical Dictionary." *Second Edition, Revised.* Handsome large octavo, nearly 800 pages, bound in full flexible leather. Philadelphia and London: W. B. Saunders & Company, 1901. Price $4.50 net.

A large first edition of the work was issued in October, 1900. The edition was exhausted in 8 months. This immediate success is doubtless due to certain special features which distinguish this work. The avowed object of the author has been to fur-

nish, in a volume of convenient size, an up-to-date dictionary, sufficiently full for the requirements of all classes of medical men, and at the lowest possible cost. This object has been secured by the use of a large page, thin Bible paper, and flexible leather binding. The result is a truly luxurious specimen of book-making.

In this edition the book has been carefully revised. The author has also added upward of one hundred important new terms that have appeared in medical literature during the past few months. Among them appear "Anopheles," "Cryoscopy," "Johimbin," "Hemolysin," "Hedonal," "Sacrectomy," etc., words that have recently come prominently before the profession.

Other valuable features of the book are to be found in the complete and satisfactory definitions, the etymological references in the original languages, and the clear method of indicating the prouunciation. There are over one hundred new tables, and the illustrations add greatly to the usefulness of the book.

DORLAND'S MODERN OBSTETRICS.—Modern Obstetrics: General and Operative. W. A. Newman Dorland, A. M., M. D., Assistant Demonstrator of Obstetrics, University of Pennsylvania, Associate in Gynecology, Philidelphia Polyclinic. *Second Edition, Rewritten and Greatly Enlarged.* Handsome octavo, 797 pages, with 201 illustrations. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $4.00 net.

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Prof. Schweitzer will remain in Detroit until the cases before the courts are disposed of. In the meantime he will visit the University of Michigan. This is his first visit to this city, and he expresses himself as being charmed with the city and with its people.

Attorney Allen H. Frazier, who is a friend of the professor, will see to it that he comes in contact with the bright side of Detroit life.—*From the Detroit Journal, Tuesday, October 22*, 1901.

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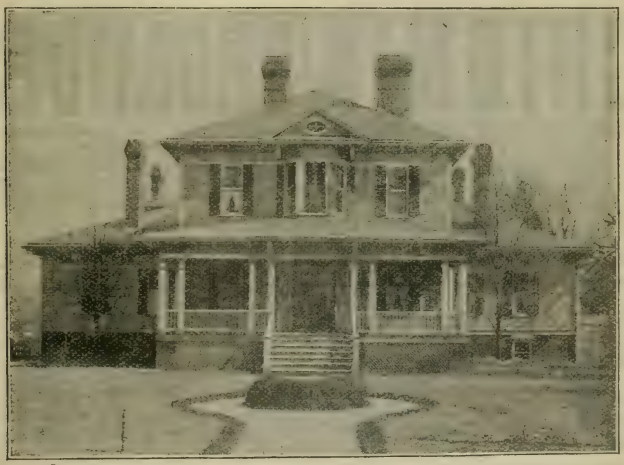

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Medical News and Items.

Bubonic plague has reappeared at Glascow, Scotland.

Several cases of plague are reported from Liverpool, England, with two or more deaths.

Pensacola, Fla., established close quarantine on November 6th, against all European ports infected with bubonic plague.

The *British Medical Journal* says regarding President McKinley's case: "Success in such a case would have been a triumph, but defeat it not a disgrace."

Dr. Manning Simons, of Charleston, S. C., has been elected Medical Director of the South Carolina Interstate and West Indian Exposition.

The next annual meeting of the Seabord Medical Association will be held in Norfolk, Va., in next December, under the presidency of Dr. J. Emmett Sebrell, of Courtland, Va. Dr. Southgate Leigh is chairman of the executive committee, and the scientific and social programs promise to be the best in the history of the association.

The Governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a fourth series of clinical lectures on diseases of the skin in the Out-Patient Hall of the hospital on Wednesday afternoons, commencing November 6th, 1901, at 4:15 o'clock. The course will be free to the medical profession.

Demonstrator of Anatomy at the University of Pennsylvania.—Dr. Edward D. Holmes, for nineteen years connected with the medical department of the University of Pennsylvania, as instructor and demonstrator of anatomy, has resigned. He has been succeeded by Dr. Elijah Gregory.

Removal.—Messrs. M. J. Breitenbach Co., the clever and enterprising people who supply the drug trade and physicians with that sterling remedy, Pepto-Mangan ("Gude"), have moved to more commodious quarters, at No. 53 Warren street, New York.

Victuals and Vices.—At a Purity Congress held last week in Chicago, a medical delegate read a paper on diet. He held that much of the sensuality in the world was due to the use of animal food, and looked on the products of the vegetable kingdom as active agents of sexual morality. "The cook," he said, "often leads to more drunkenness and excess than the saloon-keeper. High seasoning and rich animal foods lead to indigestion and ill-health. Ill-health weakens the will and breaks down the moral character. Total depravity is often nothing but total indigestion."—*Medical Record.*

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Having formed this opinion of "Glyco Thymoline," I have concluded to report a few clinical cases where it has given me good results.

Case 1. M. L., age 23 years, came under my care suffering with a distressing case of ozena. The turbinated bones on both sides of her nose presented a condition of marked atrophy; there was a complete loss of smell and taste, and a formation of crusts in the nasal chamber; the stench of same was foul. She complained of continual headache, and other symptoms of a depleted and run-down system. I placed her on a tonic of iron, arsenic and strychnia, internally; locally I ordered the use of "Glyco Thymoline" in a Bermingham douche three times a day, diluted. After a month's treatment the crusts had ceased to form; there was a complete restoration of taste and a slight return of smell; the general health was improved, and the patient herself well satisfied with results.

Case 2. C. A., age 8 years, came to me suffering with a severe otorrhoea following scarlet fever. There was a muco-purulent discharge from both ears that rendered the child completely deaf; the auditory canal was excoriated and sore, and the general health below par. I used cod liver oil internally, and syringed the ears three times a day with "Glyco Thymoline." At the end of one month the discharge of pus had stopped; the hearing much improved, and the child's general health very much better.

Case 4. J. W., age 25 years, came under my care suffering with an aggravated case of cystitis, which had been treated by several of our best physicians without much improvement. He had great pains in the region of the bladder and loins, which became worse on urination; a heavy deposit of mucus and some blood in the urine made his condition more distressing; his temperature was 100, which would rise a degree during the periods of pain. I used the usual treatment for such cases without positive results, when I thought of irrigating the bladder with "Glyco

Thymoline" (diluted). This I did once in the twenty-four hours, at the same time giving him "Glyco Thymoline" internally in teaspoonful doses every three hours. For the first two days I did not see much improvement; on the third day there was no blood in the urine and less mucus. I continued this treatment for two weeks, when I discharged him cured.

Case 4. J. H., age 35 years; consulted me for pruritis ani, which had troubled him for several years; his business compelled him to sit the best part of the day. He had used various ointments, prescriptions, etc., for this troublesome affection, with only temporary relief. At his first visit I ordered him to bathe the rectum twice daily with castile soap and warm water, then to apply "Glyco Thymoline," half strength, to the parts. After persisting for a time, the swelling and severe itching was lessened, and then left him altogether.

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A Monthly Journal of Medicine and Surgery.

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EDITORIAL.

TETANUS AS A RESULT OF THE EMPLOYMENT OF DIPHTHERIA ANTI-TOXIN.

The occurrence of a number of cases of tetanus following the use of diphtheritic antitoxine prepared by the St. Louis Board of Health was in itself so disastrous, and has aroused so much comment in all parts of the country, that it is hoped the matter will receive the most careful investigation. Already the health authorities in St. Louis have acted with becoming promptness, and the report of the commission who was appointed to investigate the cases of tetanus has done much to clear up the mystery which at first sight seemed to shroud the subject. The work of this commission demonstrates the fact that the cases were undoubtedly tetanus, that these cases had been injected with antitoxine dated August 24th and September 30th, and that these sera were identical; that the horse from which this serum was drawn was in the incubation stage of tetanus and was afterwards killed, suffering from that disease, and that the serum had not been previously tested upon animals before being given out for use. It also appears that there was culpable carelessness in the handling and preparation of the serum, it having been bottled by the janitor at the poor house, and the usual and necessary and simple precaution of rendering the animal from which the serum was drawn immune to tetanus by the systematic use of tetanus antitoxine had been entirely neglected. The gross incompetency or wilful lack of

these ordinary precautions was the direct cause of the St. Louis fatalities. A conscientious carrying out of the well-known rules governing the preparation of diphtheritic antitoxin, viz. the immunizing by periodic injection of tetanus antitoxin and the previous testing on animals of the serum would have rendered an occurrence like this absolutely impossible. That these simple procedures were not carried out is a vivid object lesson of what may happen when politics are intermingled with matters of public health. As might be expected, advantage has been taken of this incident by manufacturers of antitoxin to favorably compare the safety of their own product with that furnished by municipal health boards. For this we are not inclined to criticise them, since in all the thousands of cases in which their preparations have been employed no such catastrophe, as the one under discussion, can be laid at their door. It is their boast, and doubtless one that is entirely justifiable, that the serum bearing their label is prepared with the most scrupulous attention to technique, and is under the entire control of experts. As a matter of fact, no manufacturing house could afford to do otherwise. One of the worst features of such a lamentable disaster is the general distrust in the minds of the public of one of the most beneficent remedial measures in the hands of the profession. Already there has been noticed in Chicago, during the last few weeks, an increase in the mortality from diphtheria of 33 per cent., and this is attributed in great part to the disinclination of parents to permit the use of antitoxin. A similar fatal occurrence in England, resulting from vaccine virus, was taken advantage of by the opponents of vaccination, to bring about the repeal of the compulsory vaccination law in that country. One undoubted effect of the St. Louis episode will be to make manufacturers and health authorities even more careful in the future, and since the absolute harmlessness of antitoxin can be guaranteed when properly prepared, the possibility of a repetition of such a catastrophe is very remote.

TETANUS FOLLOWING VACCINATION.

It has recently been reported that several cases of tetanus have occurred in Camden, N. J., as a result of vaccination. It is particularly unfortunate that this should have happened so short a time after the St. Louis disaster, when the public mind was already filled with apprehension and distrust. Fortunately these cases have been shown, on investigation, to have been entirely dependant upon causes other than the virus used; since many thousand cases, inoculated with the same virus in that and adjoining cities, suffered absolutely no ill effects. The report of the Camden board of health so completely establishes this point that we append it in full:

1. Samples of the different makes of vaccine employed in Camden have been tested for tetanus germs by the State bacteriologist of New Jersey, and have been found pure and entirely free from tetanus germs; hence, tetanus could not have been caused by the virus employed. (See report of Dr. Mitchell, secretary of New Jersey State board of health.)

2. The history of each case of tetanus has been carefully collected from the attending physician, and in every instance vaccination was practiced in a correct and cleanly manner; the infection of tetanus resulting from neglect on the part of the patients to present themselves to the attending physician, so that their vaccination could receive proper attention.

3. One case of tetanus has occurred from gunshot wound during the same period, in a boy who had not been vaccinated, proving that the tetanus germs were in the atmosphere.

4. Indisputable evidence of the fact that the tetanus germs were not introduced at the time of the vaccination is that acute tetanus occurs in from five to nine days after the introduction of the germs, whereas in every case acute tetanus occurred in from three to four weeks after the vaccination. If the virus had been contaminated, tetanus would have ensued within nine days after vaccination. Tetanus developed in every make of vaccine used.

5. Further proof of the purity of the virus exists in the reports of the physicians in Cooper Hospital, who tested on animals samples of all makes of vaccine employed in Camden. If the virus had been contaminated, the animals would have developed tetanus because of their extreme susceptability to the disease. (See animal experiments.)

6. During the past five weeks there have been vaccinated in Philadelphia a very large number of people with the same virus as employed in Camden. In not one of these cases did tetanus occur.

7. The tetanus cases in Camden are to be explained upon atmospheric and telluric conditions which have prevailed in Camden during the past six weeks. There has been a long period of dry weather with high winds, so that tetanus germs which have their normal habitat in the earth dust, dirt of stables, etc., have been constantly distributed in the atmosphere. It is noticeable in all the cases, after careful examination of the cause, that the wound had been exposed by the scab being knocked off or removed, or else the arm had been injured and infection resulted; frequently children scratched the vaccinated area with their dirty fingers and nails and infected the wound.

8. That vaccination should be regarded as a surgical operation and should be performed in an aseptic and clean manner, and in every instance the physician should be consulted for advice if any unusual inflammation should develop.

9. It is the unanimous opinion of the board of health, as well as of their committee of experts, that, inasmuch as vaccination is harmless, it should be insisted upon by the physicians as an absolutely necessary procedure for the prevention of small-pox. Tetanus, or any other infection, can never occur if the vaccination is properly protected from contact with the atmosphere or with soiled clothing, bandages, etc.

TROPICAL MEDICINE.

The London School of Tropical Medicine is rapidly increasing in importance and popularity, and this, in spite of the fact that complaints of the parsimony of the British government, in supplying the school with the necessary funds, are not unusual.

This is the more surprising when we consider the vast tropical domain under the rule of England. The German government, it seems, has furnished a more liberal example in this respect, having sent various medical expeditions to Southwest Africa and other tropical regions. It is stated that Sir Francis Lovell, late surgeon general of Trinidad, will undertake a trip to the tropics to collect funds for the London school. He will apply to the British residents in the East and other tropical countries. The valuable additions to our knowledge, which it is reasonable to expect as a result of the study of this class of diseases, is surely such as should appeal to the generosity of the government. If the equatorial regions of the earth are ever to become a safe place of residence of the white races, it must to a large extent, be brought about by such work as the London school has undertaken.

ARMY DESTROYER.

Americans will readily agree with a recent English physician, who speaks of typhoid fever as the "destroyer of armies;" many of our own camps during the late war furnishing examples to the point. It will no doubt also appeal to our experience that the ordinary methods of prevention, so far as pertains to large bodies of troops, are commonly inefficient and cumbersome. The writer referred to, Dr. Canney, has invented an easily managed and portable apparatus for sterilizing water while on the march. The boiler has the capacity of fifty pints, is upon an iron stand, and the heat is furnished by a petroleum lamp. The entire apparatus weights only 38½ pounds, and water may be raised from 54 F. to the boiling point in eleven minutes. The inventor claims that the exclusive use of this method will result in a total immunity from water-born diseases, which cause four-fifths of the mortality of invading armies, while the cost of transportation as compared with other measures to accomplish the same end will be enormously reduced.

American Medicine, (Dr. Geo. M. Gould's latest venture) devotes a good portion of its space in its issue of August 24th, to belittling "the many of the low type medical journals we are said to support." This kind of fire is cowardly, and if Dr. Gould would come out and print a list of these low type journals of which he has knowledge, he would then be entitled to some consideration. It strikes us that Dr. Gould has his hands pretty well filled in his attempt to run *American Medicine* on the "gullibility" plan, and is as anxious to catch all the medical gullibles as his smaller brother to whom he alludes so unkindly.—*The Southern Clinic.*

Mercurol as an Antiseptic in Diseases of the Nose and Ear.—R. Lake, London, describes several cases of nose and ear affections which he treated by mercurol, in solution of 2½ per cent. to 5 per cent. He finds it to be of great value, but not exceeding bichloride of mercury or carbolic acid. It is probably the least irritating efficient antiseptic that can be used, and is of value in irgating sinuses, *e. g.,* maxillary sinus.

The Carolina Medical Journal.

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ORIGINAL COMMUNICATIONS.

The Etiology and Treatment of Summer Diarrhoea.

By F. Julian Carroll, M. D., Summerville, S. C. Read before the Dorchester Country Medical Association, St. George, S. C., June, 1901.

Mr. President and Fellow Members of the Dorchester Medical Association—Gentlemen:

Marion Simms, in his charming autobiography, tells us how, when he first commenced the practice of medicine in Bennettsville, S. C., he came to grief in his first two cases. Both of these were children, and from his description of the symptoms one does not need any considerable amount of medical acumen to diagnose them as summer diarrhoea—that dread malady which has rendered so many happy homes desolate and filled our cemeteries with numerous little grassy mounds, pathetic reminders of babbling tongues and childish voices now stilled.

Simms goes on to speak of how in the first of these two cases he would administer a certain drug and go back in an hour or so, only to find that it had done no good; then he would change to another, and yet another; until before the poor child was dead he had stuffed down its little throat all the information and all the drugs his library and drug store contained.

The second case was a repetition of the first, and Simms in shame and disgust took down his sign and abandoning his home in Bennettsville, moved to Alabama.

Thus, by this fell destroyer South Carolina lost not only two possibly valuable citizens of the future, but she lost the services of one of the most brilliant, erudite and successful phy-

sicians who ever rendered the medical profession illustrious by his precepts and example.

Now, of course, we are not all Marion Simmses, but Simms like the majority of us, have felt the dark shadows of discouragement and dispair steal over us when first we encountered this baffling disease—and what an awful jolt our unlimited faith in the pharmacopea received when we pitted it against one of these cases for the first time.

But it is unnecessary, I take it, to enlarge on the importance of this subject any further, and I shall at once pass on to the consideration of the etiology and treatment of this summer diarrhoea, entero colitis, cholera infantum or ptomain poisoning, whatever else you choose to call it.

Etiology. Taking age for granted (as that goes without saying), we have, in my opinion, four other principal causative factors remaining, i. e., Food, Temperature, Germs and Teething—the latter of which is not usually classed as such.

Food. This, I think, is the most potent cause of all our troubles. If all children were breast-fed a large percentage of physicians would have to go out of business. Unfortunately for the children this is not the case, and we of the medical profession are confronted by the problem of furnishing a proper substitute. So far, our achievements in this direction have not been at all satisfactory. Too often with infants the food substituted is difficult of digestion, defective in composition, and liable to be supplied too frequently or in too large amounts, setting up indigestion. Now, quick and complete digestion is the great safeguard with which nature opposes the undue development of micro-organisms in the intestinal tract, and indigestion, by permitting fermental changes in the stomach and upper part of the small intestines, furnishes the conditions under which any pathogenic bacteria, either just introduced by means of contaminated food or already present in the canal, may flourish and evolve their toxins.

Temperature. This effects not only the children themselves, but by encouraging fermentative changes and germ growth in the food, acts doubly as a causative factor. Seibort has pointed out that whenever the temperature reached a minimum of 60 degrees F. for twenty-four hours infantile diarrhoeas assume the character of a wide-spread epidemic.

An attempt has also been made to connect the epidemic character with the temperature of the soil. Puestley has corroborated Ballard's statement that when the temperature four feet below the surface of the earth is 56 degrees F. the mortality in this class of disorders is heaviest, but that there is any relation of cause and effect between these facts has not been proved.

Germs. And now we are going to tackle the scapegoats of the medical profession of the last ten years, and heap calumny on the devoted heads of the germs. These awfully abused and fearfully accused atoms of deviltry—that pestiferous asortment of baccilli cecci, spirilla and what not:

"According to Baginsky the infantile organism may be infected by these bacteria in various ways. Micro-organisms not distinctly pathogenic in themselves, may, under certain abnormal circumstances, so increase in numbers that either in them-

selves or through their products they become intestinal irritants. The bacteria which gives rise to acid bi-products, such as lactic, acetic or butyric acid, belong to this class. They are usually introduced in the food and their action may have already commenced prior to their introduction. Occasionally, also, the infant may be infected through its surroundings, air, water, clothing, and in my opinion, most frequent of all, through the use of rubber rings and so-called baby comforters, by germs which thrive at the temperature of the body and develop poisons in the intestines even from germ-free food. Such germs develop in greater abundance if the food is imperfectly digested.

Micro-organisms distinctly pathogenic in character may be introduced with the milk and develop with great rapidity at the bodily temperature. Such organisms may be poisonous themselves or through their products. These products have a distinct chemical composition. Vaugn succeeded in isolating a proteid substance from them, which, when injected under the skin of animals produced toxic symptoms manifested by vomiting, purging and elevation of temperature.

As yet no single germ has been isolated as the causative factor of infantile diarrhoea, but among the many forms encountered in this disease several varieties of streptococci and the proteus vulgaris—a germ found in putrid matter—appears to possess special importance. As to whether the common colon bacillus and the bacillus lactis arrogenes—or milk bacillus—normally met with in the infant's intestinal canal under certain conditions can develop pathogenic characteristics, is not definitely settled. Lesarge, however, claims that there are two varieties of the common colon bacillus, one of which is distinctly virulent.

Teething. Comby, of Paris, says that teething, being a physiological process, has little, if anything, to do with infantile troubles. Blackader, in a very excellent article in *Progressive Medicine,* does not mention teething at all, in speaking of infantile diarrhoeas, nor does Osler, nor in fact any of the authorities I have consulted. Leading pediatricists sneer at it as a sort of bogey man used to scare young mothers and inexperienced physicians. On the other hand, the laity look upon teething as the sum and substance of all the ills to which infancy is heir—and thereby often do a great deal of harm. Cases that should receive immediate and intelligent medical supervision are relegated to the care of an old negro mamma with the diagnosis of "only teething," and when a physician is finally summoned it is frequently too late to do anything. From such experiences we have become skeptical and the pendulum of our opinion has swung to the opposite extreme; we do not believe that teething can cause anything. Now, it seems to me that in this, as in everything else, the safe stand is in the middle ground. Experience must have taught us that the simultaneous appearance of an infantile diarrhoea with, or just previous to the eruption of teeth, must certainly be something more than a mere coincident. Blackader says: "All conditions which by depressing the vitality of the infant impair its digestive powers may to that extent be considered as

predisposing to the occurrence of gastro-enteric disease." Certainly, then, teething can be classed as a predisposing cause of infantile diarrhoea.

Treatment. The treatment of infantile diarrhoea naturally divides itself into (1) prophylaxis and (2) treatment of the attack itself.

Under the head of prophylaxis, I shall consider: a. Feeding, b. Clothing, c. General Hygiene.

Feeding. The problem of infant feeding is one that has given rise to the greatest study and the most scientific investigations on the part of pediatricists all over the world.

Starr, of Philadelphia, in an article on "Scurvy in Infants," classifies foods as follows:

1st. The different proprietary infants' foods administered without the addition of cow's milk.

2d. Proprietary foods employed with the addition of insufficient quantities of cow's milk.

3d. Oat meal or wheat gruel, barley and other farinacae administered with water alone or with water and insufficient cow's milk.

4th. Condensed milk and water.

5th. Sterilized milk. Properly modified milk mixtures subjected to a temperature of 212 degrees F. from thirty minutes to an hour or more.

6th. Too dilute milk and cream mixtures. Laboratory mixtures with two low albumoid percentage.

In addition I should mention goat's milk, which is occasionally used as a substitute for mother's milk.

As to the relative value of substitute foods we may say in a general way that the proprietary foods are but poor makeshifts and only those which are mixed with cow's milk are useful, except for temporary experiments. Likewise with condensed milk. This, then, brings us down to the consideration of cow's milk, which may be given either raw undiluted, raw diluted and modified, or modified and sterilized according to the preference of the physician and the resistance of the baby.

By far the most frequent mode of administration is the modified milk, Pasteurized or sterilized, and as this has perhaps the least drawbacks of all the substitutes we will briefly consider the method of modification which is simplest and most easily understood. Without taking your time to go into comparative tables of cow's and mother's milk, we wil simply state that it is a well-known fact that cow's milk contains more caesin, less sugar and more salts than mother's; hence, roughly speaking, all we need is to dilute the milk and add sugar. However, in addition, we find it necessary to add cream and the earthy phosphates. An easy method is given by French in his book on "Infant Feeding." It is as follows:

Cream 3 ounces; milk, 2 ounces; water, 10 ounces; lime water, 1 ounce; sugar of milk, ½ ounce; a pinch of salt.

This approximates percentage feeding without being quite as exact, and allows physicians not trained mathematicians to feed intelligently.

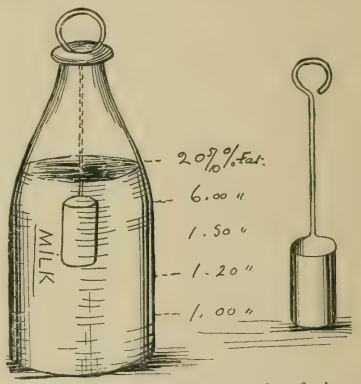
As to whether it is best to sterilize or not: "It is a well-known fact that the prolonged use of sterilized milk produces scurvy. There is a certain absence of freshness, a flatness in boiled or sterilized milk which Rundlett attributes to certain changes in the albuminate of iron, phosphorous, and possibly in the fluorin elements of milk. To obviate this Fisher advocates the plan first out-

lined by Baginsky. This is, in short, to get milk from a dairy where all sanitary laws are carefully observed and the hygienic conditions of the cow's stable perfect. The principle of sterilization is to be applied to everything in the stable—the cow, the milker's hands, and to all the utensils used in collecting and transporting the milk. Imitate nature in feeding," he adds. "Nature has ordained for woman to feed her infants with raw milk." . . . Therefore, we must use raw cow's milk. Now, however desirable raw cow's milk may be, it has great dangers unless the precautions suggested by Baginsky are adopted, and as it is beyond the realms of probability for us to get milk from a dairy run on the above lines, I fear we must stick to sterilization for the present. Blackader, in a recent paper, while recognizing the defects of sterilized milk, takes the same grounds.

Holt, in an excellent article in the *Philadelphia Medical Journal*, gives a plan whereby we can get a very accurate percentage of fats. This plan is based upon the division of herd-milk when placed in an upright bottle into certain sections. Thus, upper four ounce, second, third, fourth and fifth four ounces. After four hours' standing, upper four ounce will contain 20.50 per cent. fat; second four ounce will contain 6.00 per cent. fat; third four ounce will contain 1.50 per cent. fat; fourth four ounce will contain 1.20 per cent. fat; fifth four ounce will contain 1.00 per cent. fat. This was the average in 110 examinations,

It will be seen that by this process after allowing milk to stand four hours in a cool place we can get a fresh mixture containing whatever percentage of fat we desire.

Chapin, *N. Y. Medical Journal* for November 4, 1899, shows a bottle, a sketch of which I have made, which will suit admirably for the above purposes. With this bottle and dipper we can get milk from any level. To be perfect, this bottle should be graduated.



Feeding. Amount, length of time between meals, etc.

As to the amount a baby should eat and the time between feeding, the following table of Dr. L. Emmett Holt is of service:

AGE	No. of Meals	Interval by Day	Night (10 p. to 6 a. m.)	Quantity	Quantity for 24 hours
1 week	10	2 hours	Feed Twice	1 ℥	℥ x
2 to 3 weeks	10	2 "	" "	℥ iss	℥ xv
6 weeks	8	2½ "	Once	℥ iii	℥ xxiv
3 months	7	3 "	"	℥ iv	℥ xxviii
5 months	6	3 "	.....	℥ vss	℥ xxxiii
9 months	5	3 "	.....	℥ viiss	℥ xxxviiss
12 months	5	3 "	.....	℥ viii	℥ xl

Now, while this table is intended for artificially fed children, it is quite important to impress on nursing mothers that even they should have certain regular intervals for feeding their babies, and should not nurse them every time they happen to cry. But this feeding would take a book by itself and having considered it hastily, we will pass on to consider next:

Clothing: Briefly, then, infants should in summer be lightly and comfortably clad. Some advise flannels, but personally, in the very hot summer, I dispense with any but the very lightest woolen, and in healthy children do not even use this. Long dresses and shoes are unnecessary and uncomfortable for children and should be advised against.

General Hygiene: The infant should spend as much time as possible in the open air, should bathe at least once, and in very hot weather, twice or oftener, per day, in tepid or cool water. It should be fed at regular intervals, and in amounts stated previously. Under no conditions should it be allowed sugar bags, baby comforters, rubber rings, or other germ conducting, colic inducing, inventions of the devil, the patent medicine venders and negro mammas. It should not stay in a room with another child suffering from entero-colitis, nor should it sleep in the same bed with its mother and father. The habit of allowing the infant to sleep all night with the mother's nipple in its mouth is injurious to both mother and babe.

Treatment of attack itself: On being called to a case of summer diarrhoea our first prescription should be a brisk calomel purge. This drug acts here in a two-fold capacity, first by washing out the intestinal canal, and second, by causing an outflow of bile, nature's antiseptic. This may be given either in a single dose or in divided doses, according to the urgency of the case.

A few hours after giving the calomel we should try to wash out the colon, which can usually be done either with the colon tube I exhibit, or with a soft rubber catheter—the latter I have used for several years. I usually irrigate with the ordinary normal salt solution. For this purpose the baby's hip should be elevated and the catheter slowly introduced. The introduction is greatly facilitated by allowing the solution to gradually flow in ahead of the tube. This lavage should be kept up until the solution returns clear. For this purpose I use a fountain syringe, and the elevation should not be over two feet above the patient's level. The temperature of the water should be from 95 to 100 degrees. If there is much fever we can lower the temperature of our solution to 90 degrees, but lower temperatures tend to produce violent peristalsis and are therefore undesirable.

The washing out may be repeated every eight to twelve hours, and in my opinion is one of the most valuable procedures we have. Like all other remedial measures, however, it has its dangers, and can be carried to excess.

If there is much vomiting it is often necessary to wash out the stomach also. Here we would use sterilized water for the lavage.

Quite as important as the above proceduce is the absolute starvation of the infant from 24 to 48 hours. Nothing but sterilized water being al-

lowed. Later we may give thin barley water or rice gruel, albumen water, etc., and then still later we may alternate these gruels with small quantities of a thin broth. Under these conditions I have employed panopeptone with good effect. Last of all, we may come back to milk. The reason for this is that milk, especially partially digested milk, makes an excellent culture medium for the growth of the virulent forms of the colon bacillus and for the production of their toxins. Bonillon does not favor this production of toxins, and infants fed on it retain their general nutrition better.

If the temperature is at all high hydrotherapy affords us our best treatment. This may be used either in the form of cool intestinal irrigation, the cold pack or the tepid bath. Of the three, the tepid bath is in my experience the most useful and expedient and gives us the best results. Whenever the infant's temperature goes above 102 degrees, it should be placed in a bath of 95 degrees F., which can be quickly lowered to 90 degrees or 85 degrees F., or even lower if the infant's temperature is not quickly influenced. A cloth wrung out in cold water should be applied to the infant's head, and the duration of the bath should be from three to ten minutes. As infants are easily depressed we should watch closely and stimulate if necessary.

In cases of great exhaustion wonderful results have been obtained by the subcutaneous injection of a sterilized normal salt solution. Personally, I have only used this once or twice and the cases were so far gone that the injection was of no avail.

As to the drugs employed: Bismuth, either in the form of the subnitrate, subgallate or salicylate; resorcin, tannigen, B. napthol, salol and sulpho carbolate of zinc all have their uses and their limitations. Opium should never be used in the beginning of an attack of diarrhoea, but is exceedingly useful later on if we have much tormnia and tenesmus, as it relieves this as nothing else can.

Stimulants, preferably in the form of whiskey, usually are necessary during the course of a severe attack.

In concluding, I must apologize for having consumed so much of your time, and yet gone so superficially into this very important subject. But this article is intended to be suggestive rather than authoritative, and if I have succeeded in making you take thought on this vital question, the purpose of my paper has been accomplished.

BOOKS AND ARTICLES CONSULTED IN PREPARING THIS ARTICLE:

Blackaeler—Progressive Medicine.
Comby—20th Century Practice, Vol. xii.
Jacobi—20th Century Practice, Vol. xiv.
Food for the Sick, etc.—French.
Scurvey in Infants—Starr—Philadelphia Medical Journal.
Percentage and Laboratory Feeding—Griffith—Philadelphia Medical Journal.
Home Modification of Milk for Infant Feeding—Holt—Philadelphia Medical Journal.
Indigestion in Infants and Children—Taylor—Pediatrics.
Home Modification of Cow's Milk—Chapin—N. Y. Medical Journal.
Infant Feeding—Fisher—Quoted in Therapeutic Gazette.
Kirk's Physiology.
Osler's Practice.
Blackaeler quoted in Therapeutic Gazette.
Autobiography of Marion Simms.

Simple Chronic Bronchitis in Children.

R Sodii sulphat... .....10 gm.
Antomonii tartrat ....0.05 cg.
Syr. simplicis.....10 gm.
Ad. destil.....120 gm.

M. S. To be taken in four or five doses.

Angina Pectoris.

By Marion E. Nuckols, M. D., Richmond, Va., Lecturer on Operative Surgery, University College of Medicine. Read before the Richmond Academy of Medicine and Surgery, Nov. 20th, 1901.

In reviewing all accessible literature on the subject, I find that there is a diversity of opinion as to the exact nature of the condition, some contending that it is but a symptom of some more or less grave vascular lesion, while others claim that it is a disease in itself, always having a definite group of symptoms. No less an authority than Wm. Osler states that it is nothing more than a symptom. Clifford Allbut, a distinguished English physician, holds the exact opposite. When we find such authorities as the above holding opinions entirely different, we should not wonder that the lesser lights have vague and indefinite ideas regarding angina pectoris.

In discussing this condition I shall of necessity have to deal with a great deal that is now well known to you all; however, in doing so, I shall endeavor to present it in such a way as to arouse some interest and thus provoke a full discussion of the subject. I wish to be understood in the beginning as not believing in pseudo-angina pectoris; but believe that angina pectoris is angina pectoris, and that the only difference in the ceses seen is one of degree; therefore, I eliminate such conditions as the agitations of neurotic women generally due to hysteria, indigestion or intercostal neuralgia, and also certain spasms of tobacco poisoning which differs widely and fundamentally from angina pectoris.

Having then eliminated this, we will take up angina pectoris proper, and we shall find that it is characterized by a very definite group of symptoms. Pain is usually the most prominent, but it is the character of the pain which is of so much value. It cannot be likened to any other pain, being sharp and stabbing, located behind the sternum (not in the heart), radiating upward toward the left shoulder, neck and head, and down the left arm into the fingers, and sometimes into the testicles, which may swell. As I have mentioned, there is no pain in the heart, but there is a feeling of depression or of something lacking in this region. The peculiarity of this pain is that it is accompanied by a feeling of constriction about the chest and neck likened to the pressure of a vice. Balfour describes it as a feeling as if a mailed hand grasped the chest and squirted through its fingers flashes of agony. This is often accompanied by convulsive movements of the muscles of the whole body, but particularly of the chest, neck and arm.

The expression is extremely anxious, manifesting an indescribable fear of impending dissolution. The attitude is one of terror-stricken stillness. The body is covered with beads of sweat, and the extremities are cold and clammy. Strange to say, the pulse is, as a rule, unchanged. We have no dyspnea like that so often seen in heart disease, though respiration may be increased in frequency, and during severe paroxysms, temporarily suppressed. Pain is sometimes entirely absent, or may begin in the hand and extend upward. In these cases, the retro-sternal pain is not so severe.

The indescribable fear of impending death is never absent. The pre-

ceding are the usual symptoms of an ordinary attack which may last only a few seconds or a few minutes, to be followed by others with increasing frequency.

The attacks are brought on by some unusual or violent exercise, though they may come on while in bed during the night, without any apparent cause. As to the actual cause of angina, very little is definitely known. It is certainly not always due to heart disease, as is abundantly proven both at the bedside and at post mortems. A fatal case is reported by T. E. Bullard, which he saw in 105 paroxysms of true angina, during the last of which the patient died. There were no evidences during life or after death of any organic change. Whatever constitutes angina pectoris, this fact is very evident—that a heart organically diseased will fail under repeated attacks of angina, whereas one with no evidence of disease may partially or completely recover.

It is argued by some that a vasomotor spasm is the immediate cause of angina, bringing on an increased arterial tension and throwing extra work upon the heart. In support of this theory, they lay great stress upon the good results derived from the administration of nitrites, but we must remember that the nitrites relax the heart as well as the arterioles, and that they possess certain anodyne and antispasmodic properties. The majority of cases of angina show but little, if any, increase in tension. If angina is due to increase in tension, why don't we always have it in all forms of heart disease accompanied by increase in tension? Is it not possible for pain to cause the increase in tension if there be any? We have abundant evidence that pain can cause increase in tension; as examples of this I might mention kidney colic, cramp in the abdomen, etc.

A theory held by many is that it is a cramp of the heart-muscle. Osler states that we have a localized cramp, or a cramp of some of the muscular fibres of the heart. This theory to me seems altogether untenable, for I cannot conceive of a muscle or some fibres of a muscle undergoing cramp and still being able to act. It seems to me the power of the muscle is temporarily lost. The quality of the heart muscle to undergo rythmic contractions is too deeply implanted in its nature to give place to any change, save to either stop completely and permanently, or to prolong diastole. No drug or electrical stimulus can do more than increase force of systole or prolong diastole.

A third theory is that it is nervous in origin. This, to my mind, seems to explain some cases, particularly those with pain beginning in the hand and extending upward, resembling the aura of epilepsy.

A theory accepted by many is that it is a neuritis of the cardiac plexus. In this case, pain should always be present, for it is hard to conceive of a neuritis without continuous pain.

A theory that will explain a great many cases is that the cause lies either in an acute or chronic aortitis near the root of the aorta, and as the cardiac plexus of nerves lies in close relation, a neuralgia may be set up secondarily in this plexus. However, let the cause be what it may, we know that the condition is always characterized, with very little variation, by a definite group of symptoms, and that we do not always find manifest organic lesion either of the heart or blood-vessels.

It is supposed that the pain is a referred pain, and that it is due in many cases to increased pressure on an inflamed aorta, manifested through the cardiac plexus. One proof of this is seen in mitral regurgitation; if angina has been present, relief is afforded when the compensation fails.

As to how angina kills, there is a difference of opinion. Some say that it is a reflex from inhabition of the vagus. This inhabition is brought about by the violent pain, the weak and degenerated heart and blood vessels being unable to survive the shock.

The treatment may be divided into two parts: 1. During the attack; 2. During the interval. *During the attack,* inhalations of amyl nitrite. If these fail, use chloroform or ether by inhalation, and, as a last resort, give morphia and atrophia hypodermically. Use hot applications over the region of the heart.

During the intervals. (a) Hygienic and dietetic. Complete change in habits must be advised. Attention should be given to the bowels to see that they act regularly. Avoid excesses of all kinds, particularly of eating and drinking. The diet should be regulated so that no digestive disturbances shall arise. Instructions should be given to avoid excitement and violent exercise.

(b.) Medicinal. Nitroglycerin should be given in full and increasing doses. If degeneration of the arteries or any tendency toward rheumatism be evident, iodides should be given in full doses, extending over long periods, but always with an eye to the condition of the stomach.

DISCUSSION.

Dr. M. D. Hoge, Jr., said that the diagnosis of a typical case of angina pectoris was not difficult. As to the pathology, in the majority of well-marked cases, some obstruction of the coronary arteries was found; again, an atheromatous degeneration of the base of the aorta could be frequently detected. In some cases post mortems presented no pathological changes to the naked eye, but the practical part of this disease was the treatment. The nitrites were the remedies used to the best advantage. In one case in his own practice, where amyl nitrite and other remedies had been employed without benefit, nitroglycerin at regular intervals for several months afforded marked relief. It was well to know that the continued use of nitroglycerin required constant increase in the size of doses. One one-hundredth of a grain was sufficient for but two or three weeks. Patients could stand astonishingly large amounts. Dr. Hoge reported a case of pseudo angina pectoris in a young girl, due probably to hysteria.

Dr. J. S. Wellford said he had seen many cases of pseudo angina pectoris, but was satisfied that he had not seen more than three or four cases of the true form. In one patient, whom he had the opportunity of examining several times, he could never detect any sign of heart disease, but she died suddenly while at stool, probably from straining. The most diagnostic symptom was pain radiating down the left arm only as far as the elbow. He always regarded the disease as nervous and gave the nitrites, or chloroform or ether, the latter two to their stimulating stage only. If there was any accompanying heart disease he treated that also.

Dr. J. Allison Hodges said he had come to the conclusion that all cases of angina pectoris were either nervous in origin or due to lesion of the

aorta or aortic valves, the last two being the most frequent and important causes. Text books would lead one to believe that the attack was spasmodic and evanescent, but he had seen cases in which it would last indefinitely. He agreed with Dr. Hoge regarding the value of nitroglycerin. Amyl nitrite, chloroform or ether had never been of benefit in his hands. Morphine and atropine afforded the quickest relief, but were dangerous in that their use led to the formation of the morphine habit. Nearly all of his cases, when seen, were already habitues. It was of greatest importance in treatment to immediately and absolutely change the method of life and regulate the diet of the sufferer. He did not take stock in the diagnosis of coronary disease before death .

Dr. William S. Gordon said that in diagnosing agina pectoris the first thing to do was to not confound it with aortic disease. It was difficult to explain death from it by post mortem. He referred to a case seen by Dr. H. M. Taylor and himself, which was thought to be disease of the liver, the patient having glucosuria and albuminuria. He had pain in the epigastrium, but never in the arm. Answering a hurried summons, he found the patient dead. The man was intemperate, and had arterio-sclerosis. In another case, every time there was undue exertion pain occurred at the pit of the stomach. There was a pericardial friction murmur at the tip of the sternum, which accounted for some of the pain; but the patient, when lying down, had a mitral systolic bruit, and the pain then came in the right place. Recurring to his first statement, Dr. Gordon said that the remarks of previous speakers did not wholly apply to the subject under discussion. Was the cardiac pain due to spasm and pressure on the sensory nerves? In aortic trouble, death was usually due to dilatation of the left ventricle. If neuritis were the cause of the pain, as argued by some, it would remain in the intervals between attacks; but in true angina the patients were then apparently well. It could not be due to dilatation and excess of pressure in cases in which the pulse was not affected. The sudden death must be due to dilatation and paralysis of the heart; mere pain did not kill.

The nitrites and iodides were the remedies to be used. Nitroglycerin acted by producing arterial dilatation, the vessels during the attack being spasmodically contracted. The agent did not dilate the heart. It it did, the patient would die more quickly. He had seen several cases in which, owing to impaired nervous mechanism, the pulse became thready, and nitroglycerin administered produced dilatation and saved life.

Dr. Hodges asked if Dr. Gordon did not, after all, come back to the point that the aorta was mainly at fault. Was there not an aortitis at the base of it all? Of course, the pains of aortic valve disease and angina pectoris were entirely different.

Dr. Gordon, in reply, said that it depended upon the definition of the disease. If this included aortic trouble, he agreed with Dr. Hodges; but he believed the disease ought to be considered to exist only when the postmortem showed no anatomical lesions. He thought there was to a slight extent a similarity between it and epilepsy, but that they were not identical.

Dr. Nuckols, in closing the discussion, said he did not believe in the

pseudo form of the disease; but he thought there was a difference in degree in true angina; and there was always some organic lesion, though it might escape detection. Regarding dilatation, a person suffering and having mitral regurgitation was relieved when compensation failed.

A Handsome Group of Portraits.

About a year ago, within the short period of three weeks, four eminent and distinguished physicians departed this life. Two of these well-known men, Hunter McGuire and Lewis A. Sayre, were surgeons, and two, Jacob M. DaCosta and Alfred L. Stille', physicians, and three of them were ex-presidents of the American Medical Association. Believing the rank and file of the profession would appreciate and preserve portraits of these representative practitioners and teachers, the Arlington Chemical Co. commissioned a competent artist to paint them in oil in the shape of a panel suitable for framing, and have reproduced the painting for distribution to their friends in the profession. This handsome and thoroughly worthy group of portraits is now being mailed, and if any physician is, perchance, omitted from the list, a request will bring a copy.

Scarlet Fever.

In the isolation hospital in Milwaukee during an epidemic of scarlet fever the patients were immediately placed upon a treatment which included the disinfection of the mouth with hydrogen dioxid; the result was that out of one hundred cases there was not a single case affected by any of the various sequelae of that disease. The suppurative process which so frequently follows and almost invariably affects the middle ear, was entirely absent, and there is no question of the value and efficacy of that treatment; it is now becoming an established custom in the treatment of this and other similar diseases.

Dyoxogen is a solution of hydrogen dioxid 3 per cent., made in strict accordance with U. S. P. requirements; the arbitrary name protects the physician against substitution and the formula which accompanies the name insures definiteness to the product.

Tetanus Following Vaccination.

Investigation of these distressing cases has revealed the fact that the virus used was *not*, in a single instance, from the laboratories of Messrs. Parke, Davis & Co.

It is with pleasure that we make this announcement, since this firm is one of the most painstaking in the world. If disease germs could gain access to the products of laboratories so carefully guarded, when would the physician feel confident that he was not using infected remedies.

Suppurative Otitis Media.

℞ Formaldehyde ..... gtt. v.
Alchohol (95 per cent.)..... ʒij
Water..... ʒj
M. S. Instil with an ear-dropper sufficient to fill the middle ear and external canal. In acute cases two or three drops to an ounce of water is strong enough.

—WARD.

Catharrhal Conjunctivitis.

℞ Ammon. chloridi ..... 0.07 cg.
Zinci sulphat ..... 0.15 cg.
Camphoræ .....
Croci .....āā 0.01 cg.
Aq destil ..... 15 gm.
M. S. To instil into eye.

—TERRIER.

Selected Papers.

How to Prevent the Spread of Contagious Diseases.

A Circular Issued by the Charlottesville Medical Club for Distribution Among the Laity. Prepared by the Committee Composed of Edward M. Magruder, M D., Chairman, and Lyman Skeen, M. D., Charlottesville, Va.

A brief explanatory introduction seems to be necessary. *Contagion, germs, microbes,* or that which causes contagious diseases, is always contained in the sputa, urine, feces, sweat, breath, saliva, blood, scales from the skin, or mucus from the eyes and nostrils of the sick. Hence it is necessary that these should be disinfected and disposed of so that they can do not harm. These *germs* gain entrance into the body in different ways—thus: (1) They may become scattered about the house and streets and *inhaled* along with the dust and air. (2) They may settle with dust on food, as meat, vegetables, fruit, milk, bread, etc., or they may get into drinking water and be *swallowed.* (3) They may come in contact with wounds and sores and be *absorbed.*

Fresh air, sunlight, heat (especially boiling water), and cleanliness are germ destroyers. Therefore, dwelling houses should be kept well ventilated, sunlighted and clean; food and fruits should be washed and cooked; drinking water, when of doubtful purity, should be filtered or boiled; and wounds and sores should be kept clean and protected by dressings.

Rules to be observed during sickness from contagious diseases:

I. *Preparation of sick-room.* As soon as the diagnosis of a contagious disease has been made—and it is important that it be done early—the room to be occupied by the patient should be prepared. All unnecessary furniture (especially upholstered furniture), curtains, carpets, rugs, pictures, ornaments, toys, clothing, comforts and quilts, that cannot be washed, should be removed. The pillows should be encased in rubber-cloth covers and the mattress likewise, or at least covered with rubber cloth under the bottom sheet.

If the room is already occupied by the patient before the diagnosis is made, it is better to leave it undisturbed until it is vacated and ready for disinfection at the termination of the illness.

The room, while occupied, should be kept well ventilated by opening the windows several times daily, the patient being protected from draughts by proper covering. The doors should be kept closed, and should have a sheet hung on the outside wet with a solution of bichloride of mercury (1 to 1,000; i. e., 32 tablets to the gallon of hot water).

II. *Patient.* The patient should be kept completely isolated with the

nurse or attendant, no one else being allowed in the room; and there should be no direct communication with the rest of the family. The person of the patient should be sponged three or four times daily with one of the following solutions, warm:

Bichloride of mercury (1 to 1,000—i. e., 32 tablets to 1 gallon of hot water);

Carbolic acid (1 to 50—i. e., 5 tablespoonfuls to 1 gallon of hot water);

Chloride of lime (1½ oz. to 1 gallon of hot water);

Or Formalin (3 tablespoonfuls to 1 gallon of warm water).

III. *Linen.* All sheets, pillow cases, towels, handkerchiefs, and other washable material, used by the patient, should be soaked before removal from the sick-room in one of the following solutions, warm:

Bichloride of mercury (1 to 1,000—i. e., 32 tablets to 1 gallon);

Carbolic acid (1 to 50—i. e., 5 tablespoonfuls to 1 gallon);

Or Formalin (3 tablespoonfuls to 1 gallon of water).

They should then be wrung out and sent to the wash and boiled for one hour. In all cases with expectoration and nasal discharge, old rags (instead of handkerchiefs and towels) should be used and immediately burned.

IV. *Utensils.* All plates, glasses, cups, saucers, knives and forks, spoons, dishes, bowls, etc., used by the patient, should be set apart for his special use and under no circumstances removed from the sick-room. They should, after use, be washed in a warm solution of carbolic acid (1 to 50—i. e., 5 tablespoonfuls to 1 gallon, or formalin, 3 tablespoonfuls to 1 gallon) and then in hot soapsude. After the washing, the carbolic or formalin solution and soapsuds should be poured into the water closet and the vessel that contained them rinsed with the same carbolic or formalin solution and set aside until needed again. After the patient is discharged, these utensils should all be boiled or washed in boiling water.

V. *Discharges.* The sputa, urine, stools, pus, vomited matter and other discharges, as from the eyes and nostrils, should be received into a vessel containing one of the following solutions:

Chloride of lime (½ lb. to 1 gallon);

Carbolic acid (1 to 20—i. e., 12 tablespoonfuls to 1 gallon); or

Formalin (3 tablespoonfuls to 1 gallon);

And then at once poured into the water closet or buried so as not to contaminate the water supply.

Any surface, as the floor, mattress, etc., soiled by *any* discharge, should immediately be wetted with one of the above solutions and wiped up—the floor rag being burned.

VI. *Nurse.* The nurse or attendant should be isolated with the patient and not permitted in the rest of the house or to visit others. When it is practicable he or she should have the use of a room adjoining and opening into the sick-room and prepared in the same way. A washable cap covering the whole head and protecting the hair should be worn and there should be a basin of one of the following disinfectant solutions:

Bichloride of mercury (1 to 1,000—i. e., 32 tablets to 1 gallon);

Carbolic acid (1 to 50Ji. e., 5 tablespoonfuls to 1 gallon); or

Formalin (3 tablespoonfuls to 1 gallon),
for rinsing the hands after waiting on the patient and always before eating.

The clothes of the nurse or attendant should be of washable material.

VII. *Disinfection and liberation of patient and nurse.* Before being discharged by the physician, after recovery, the patient and nurse should each be bathed from head to foot (especially as to the hair) with one of the following solutions, warm:

Bichloride of mercury (1 to 1,000—i. e., 32 tablets to 1 gallon);

Carbolic acid (1 to 50—i. e., 5 tablespoonfuls to 1 gallon);

Chloride of lime (1½ ounces to 1 gallon), or

Formalin (3 tablespoonfuls to 1 gallon),
and then washed with warm water and soap. Then, standing undressed near the door on a towel wet with the same solution, they should don a clean night-shirt or gown handed through the door, step from the room into clean slippers on the outside, the doors being closed behind them, and go to a fresh room, where they may be dressed in clean clothes that have not been in the sick-room.

VIII. *Disinfection of the sick-room.* The sick-room, after being vacated, should be fumigated with formaldehyde gas in the following manner: Close the room tightly (windows, doors, chimneys, key-holes included) and open all closets and furniture; tie a piece of strong twine across the room about four feet from the floor and hang a sheet spread out on this, then saturate the sheet with formalin, about one pound or one pint to the 1,000 cubic feet of room space; leave the room and close the door. Formaldehyde gas is rapidly given off. Keep the room closed for twelve hours and then open and ventilate it thoroughly by opening the windows (not doors). Care should be taken to avoid coming in contact with the formalin, as it injures the skin. The floor, window frames, sashes, window glass, mantel, furniture, doors, picture moulding and frames, all ornaments and toys, dogs and cats, that may have been left in the sick-room or accidently gotten in, should be washed with one of the following solutions, warm:

Bichloride of mercury (1 to 1,000—i. e., 32 tablets to 1 gallon);

Carbolic acid (1 to 50—i. e., 5 tablespoonfuls to 1 gallon);

Chloride of lime (1½ ounces to 1 gallon); or

Formalin (5 tablespoonfuls to 1 gallon).

Closets should be opened and treated in the same way. Plastered and papered walls should be brushed with one of the above solutions, and then whitewashed or re-papered. After twenty-four hours of free ventilation all the wood work, furniture, etc., should be washed with hot water and soap and the room again ventilated.

IX. *Unwashable material.* Articles of clothing, bed-clothes, carpets, rugs, upholstered furniture, etc., made of material that cannot be boiled or wetted, should either be steamed for ten minutes, dry heat of 230 Fahrenheit for two hours, burned, or exposed to the fumes of formaldehyde gas, as in VIII. Mattresses and pillows cannot be made safe without trouble and expense, unless previously encased in rubber

covers. They should therefore be burned, or when it is practicable they may be steamed for ten minutes. Upholstered furniture should never be in the sick-room. The rubber cloth used on pillows and mattress may be disinfected by being soaked for four hours in one of the solutions mentioned in III., and then washed with warm water and soap.

X. *The body of the dead* should be enveloped in a sheet saturated with one of the following solutions:

Bichloride of mercury (1 to 500—i. e., 64 tablets to the gallon);

Chloride of lime ($\frac{1}{2}$ pound to the gallon);

Carbolic acid (1 to 20—i. e., 12 tablespoonfuls to the gallon); or

Formalin (2 pints to 1 gallon).

It should then be permanently shut up at once in the coffin and buried as soon as possible.

XI. *Members of the family,* if exposed, should be disinfected as in VII., and their clothing treated as in III. and IX. If it is practicable it would then be wise to send them away from home.

XII. *Visiting.* Members of the family, not engaged in nursing, visitors, dogs, cats, and other pet animals should, under no circumstances, be admitted to the sick-room, and it is better not to allow them in the house. No one from the infected house should visit others.

Note.—It should be borne in mind that all of the above-mentioned solutions are more or less poisonous. The bichloride tablets referred to above are small, white tablets prepared by Parke, Davis & Co., Sharp & Dohme, and the Virginia Pharmacal Co.—*Richmond Journal of Practice.*

Questions and Answers Regarding Syphilis.

These questions, covering some of the more interesting of the doubtful points in regard to spyhilis, were submitted to a number of syphilographers by the International Medical Magazine for October, and their answers appear below.

1. What is the safest course in the diagnosis of syphilis?

2. Has the range of remedies in syphilis increased in recent years?

3. What is your opinion as to the secondary period of syphilis having been skipped in cases which develop severe tertiary lesions without a history of precedent active syphilis.

4. In how far should the physician assume the responsibility in sanctioning matrimony in syphilitics?

5. What is your opinion as to the transmissibility of syphilis in the progeny of a tertiary syphilitic?

6. Do you know of any case in which unequivocal syphilitic fathers have procreated children who have remained healthy?

Answers by Orville Horwitz, M. D., of Philadelphia:

1. Wait for the first manifestations of secondary symptoms.

2. No.

3. It is usually so mild as not to have been observed by the patient. In the rare form of so-called "irregular syphilis," the secondary period of the disease is sometimes absent. A period of quiescence follows the initial lesion, tertiary symptoms finally making their appearance.

4. If a syphilitic has had *three years* of active constitutional treatment, and is afterward kept under observation for one year, during which time no sign of the disease has made its appearance, the individual may marry with safety. Many syphlitics marry after a lapse of from

eighteen months to two years from the date of infection, without infecting the wife or their progeny. It is, however, a dangerous course to pursue, attended with great risk.

5. Children born of parents suffering with tertiary syphilis are healthy, unless the parents are afflicted with the irregular form of the disease, when both the secondary and tertiary symptoms are present at the same time. In this case the child will be tainted with syphilis.

The danger of transmitting the disease practically reaches the vanishing period about six years after infection.

6. Yes. Where patients suffer from tertiary syphilis.

Answers by Thomas G. Morton, M. D., of Philadelphia:

1. Seek the assistance of a competent medical man.

2. Not materially.

3. There is no question but that the disease passed through the regular course, but the symptoms were probably insignificant and not recognized.

4. The medical men should hesitate in sanctioning matrimony in any case of syphilitic infection and assume no responsibility.

5. A person who has been infected by syphilis might be expected to transmit more or less taint.

6. Yes, so far as observation for some time went. Apparently healthy children have been the result of a union in which one of the parties had previously had syphilis; at any time a syphlitic lesion might appear in such a child.

Answers by Edward L. Keyes, M. D., of New York:

1. To reserve judgment until all the evidence is in, or enough of it to speak with assurance. In case of continued doubt, to reserve opinion, to maintain doubt, and to obstain from specific treatment during doubt.

2. Yes.

3. I believe that the secondary period may be skipped absolutely; but in most instances of alleged skipping I believe that mild lesions have existed and been overlooked.

4. Marriage of the male may, in my opinion, always be safely sanctioned five years after the date of chancre, if the patient shall have been submitted to a prolonged, thorough mercurial course during said five years.

5. I believe that syphilis is never transmitted—as syphilis—to the third generation.

6. Yes.

The Throat and Nose in Scarlet Fever.

W. CHEATHAM, M. D., Louisville, Ky.

Thinking the subject has received too little attention from the general profession, is the apology I offer this body for the short paper I present to-day. We all know that the first symptoms of scarlet fever are in a large majority of cases found in the throat; that infection is more often through the throat than any other part of the body; that scarlet fever is produced by scarlatinal virus, whatever that may be; that streptococcus pyogenes, staphylococcus aureus, with other pus producers and toxins, the diphtheria bacillus, one or all of these factors are seen in each individual case; that the primary lesion of the skin, tongue, mouth, pharynx, tonsils, etc., is with the superficial lymphatics and capillary blood vessels; that wherever we find an eruption we find especially the streptococcus. We all

know how readily the lymphatics, especially those of the neck, become involved.

Scarlet fever, I think, resembles diphtheria in many of its symptoms, especially in those seen about the throat; we know they are frequently associated. These being facts, then how important close attention to the throat must be, and all of us know how little attention is paid to it. Lemonine, with Le Grange and Sevestre, think that the contagion of scarlet fever starts from its port of entry, the pharynx; he believes that too much attention is paid to the skin and not enough to the mouth, where the contagion principle may linger for a long time. Enlargment of the lymphatic glands is a most constant symptom. With this comes involvment of the blood, kidneys, heart, lungs, intestines, spleen and peritoneum. Alonzo Clark says: "There is no scarlatina without the existence of inflammation of the pharynx; an eruption without it is not scarlatina." I take it we are all too well acquainted with the throat lesions, and with those of the tongue, lining of the cheek, etc., for me to mention them here; they are about such as are found on the skin, only they are well advanced usually when the skin eruption shows. The pharynx, tonsils, tongue and surrounding region, being usually first involved, are the first to heal. With our present knowledge of the angina of scarlet fever it must be a streptococcus infection. We all know the diphtheria bacillus in found in a small per cent. of cases, especially in that form known as pseudo diphtheritic angina. The classification of scarlatina angina is difficult, as one form so frequently shades into another; still a classification, such as streptococcus, erythematous and membranous form, has been made. The latter form adds to the dangers of infection that of mechanical obstruction; when there is not true diphtheria the membrane is not liable to leave the faucial tonsils. Yet, since we have tonsil tissues in the nose, pharynx, larynx and on the base of the tongue, why not have the same membrane, *although not diphtheria,* extend to any place in which there is tonsil tissue?

Of course the prognosis is more serious in the second form than in that of the first, and still more so in the third. Selner and Thure found in a great many cases of scarlet fever only 2 per cent, of diphtheria. Lichtenstein found in an epidemic of scarlet fever in a hospital at Cologne that four-fifths of the cases had diphtheria. When we recall the fact mentioned before, that really no tissue of the body escapes this infection, which in a majority of cases enters through the throat, that we may have suppurative inflammation of the eye, cellulitis extending from the neck to the umbilicus, perichrondritis, pleuritis, nephritis, malignant septicemia, true croup, suppurative inflammation of the ear, with all its dangers, and even a gangrenous angina, and it being a fact that close attention to the throat and nose may prevent much of this, we all can surely see what good may come of it. I believe there is no one present who will assert that such attention to the throat and nose may not be of much service.

I do not think it necessary for me to draw any more serious pictures of scarlet fever, its complications and

its pathogeny. Some authors have said that the throat in scarlet fever bears the same relation to the disease that the primary sore does to syphilis. I think even more so, as illustrated by the effect of local treatment. In a throat in which there is absence of the Loeffler-Klebs bacillus, simply washes of listerin alone or mixed with hydrogen dioxide, or even Seiler's fluid or Dobell's solution, or normal salt solution, all are serviceable. They should be applied with a spray or mop, or if the upper pharynx and nose are imvolved, the post-nasal syringe, with the solution diluted. Of course with very young children, the spray and medicine dropper must be substituted for the syringe. If the Loeffler-Klebs bacillus is present, then Loeffler's solution must be supplied locally; or, still better, some mild wash for cleanliness and an injection of serum made, to be repeated if necessary. When the Loeffler-Klebs bacillus is not found, the streptococcus serum of Parke, Davis & Co. is of much benefit.

My experience, and that of others, has been in scarlet fever, that if the throat gets prompt and close attention, the disease is robbed of many of its dangers. In those cases in which the child is rebellious and in resistance of the treatment much depression follows, as little local treatment as possible must be used. In this, as in diphtheria, the serum injection does away almost entirely with local treatment, and entirely with any *severe* local treatment.—*Louisville Monthly Journal.*

Don't give up cold bathing because the ideal bath is not obtainable; other procedures are useful.

The Mortaljty of Appendicitis.

Dr. J. B. Deaver, of Philadelphia, based his remarks on statistics of appendicitis occurring during the year 1900 at the German Hospital. Of the total number operated upon, 268,-144 were acute and 124 chronic. The mortality in the acute cases, uncomplicated by intercurrent diseases, was 15.9 per cent. In every case the appendix was ablated. The time elapsing from the onset of the symp-symptoms to operation varied from a few hours to fifty days. Among the chronic cases there was but one death, this being due to rupture of an ovarian cyst. Autopsy was made in every case of death occurring in the hospital. The speaker divided his fatal cases into three classes according to when death occurred: 1. Prior to operation; 2. During operation, or 3. Following operation. Septic peritonitis was a general cause of death. It arose in various ways. Certain cases, the fulminating, were invariably lethal, despite all operative promptness. The cases were characterized by abscence of fever, slightly elevated pulse, absence of leucocytosis, and almost invariably by severe disturbances attending during anesthesia. Second in importance to the removal of the appendix was thorough search for hidden pus cavities. By early operation and exsection we should successfully avoid: (1) fecal fistulae; (2) subsequent attacks; (3) necrosis of the bowels. Of eleven patients not operated upon, three died, and six left the hospital with a swelling in the right side of the abdomen. Every death occurring in the second attack could have been prevented. Upon whom, Dr. Deaver asked, should this responsibility rest?—*Medical Record.*

Review of Medical and Surgical Progress.

A Proposen Remedy for the Evil of Substitution.

By J. D. Williams, M. D., New York.

There can be no subject of more importance to physicians than the violation of their confidence on the part of a dishonest dispensing druggist. Law will not make a dishonest man honest, but the right law properly executed will prevent a criminal's further infliction of injury upon society. The requirement of a license to all druggists who dispense drugs or medicines, revokable upon the licensee's being convicted of substituting any ingredient drug or medicine other than, and in lieu or instead of, that specified in the prescription, order or request in writing, of any physician, would go a long way to aid in the matter of honestly filling prescriptions. Let the medical societies induce their respective State Legislatures to enact a law requiring such a license, with a simple and practical procedure for establishing the guilt and enforcing the penalty against infraction, and the practice of substitution would soon cease.

Let the proceedings for revocation of license be before the court, board, or officer, empowered to issue the license, and be set in motion at the relation of either the board of health, a local medical society, or the purchaser upon whom the fraud and imposition had been done, or of the physician by whom the prescription or order was issued or given, or of any person, firm or corporation for whose brand or make of drugs or medicine the substitution has been perpetrated. Let the licensing board, court or officer be empowered to issue citations, subpœnas for witnesses, to administer oaths, and be given all other requisite powers for duly trying the issues and revoking the license of the guilty.—*Exchange.*

The Treatment of Syphilis, With Special Reference to the Best Methods of Administering Mercury.

By Winfield Ayres, M. D., Genito-Urinary Surgeon, Bellevue Hospital, O. D. P., New York; Instructor in Genito-Urinary Diseases in New York University and Bellevue Hospital Medical College; Instructor in Genito-Urinary Diseases in the New York Post-Graduate Hospital, etc.

The author calls to mind the facts that mercury has been used in the treatment of syphilis for over 400 years, and there are few physicians, to-day, who do not use it in some form. Although the method of treatment with mercury is still discussed, he is firmly of the opinion that there is no hope of eradicating the disease unless the full dose is given constantly for something like three years. The treatment should begin just as soon as the diagnosis can be made. There is no ground for supposing that enucleation of the chancre has the effect of aborting the disease. If a positive diagnosis cannot be made from the appearance of

the initial lesion, general tonic treatment should be instituted.

In some cases the protiodide controls the symptoms, but in the majority of cases it is of very little use. Experiments with Mercurol were conducted at Bellevue Hospital for eight and a half months, with 180 cases; the histories of 95 of these are recorded. The remainder could not be kept under observation and are therefore passed over. The dosage of Mercurol, regulated either by reaching the point of tolerance or control of the disease, varied from one-half to six grains. In 64 of the 95 cases the disease was controlled as follows: in two weeks, 8; three weeks, 12; four weeks, 14; five weeks, 6; six weeks, 5; seven weeks, 2; two months, 8; ten weeks, 2; three months, 5, and four months, 1. The remainder are marked thus: decidedly improved, 17; improved, 8; no improvement in four weeks, 1; no improvement in three months, 2. The latter were all dispensary patients, and it is uncertain whether they took their medicine regularly.

The writer states that his plan was to increase the dose steadily from one grain until the symptoms were controlled, or until there was a slight tendency on the part of the teeth and gums to become tender. If the symptoms were not controlled before the physiological effect of the Mercurol made itself felt, small doses of potassium iodide were added, and in every case where the Mercurol was taken according to directions, with the exceptions noted above, the symptoms were controlled.

In 67 out of the 95 case tabulated, no other medicine than Mercurol was given. In 15 out of the remaining 28, the addition of iodide of potassium was found to be sufficient to control the disease, while in 6 others the addition of an iron tonic sufficed for this purpose.

The cases are not reported at length, but a few of the more remarkable results and some cases in which other medicines failed to control the disease are briefly mentioned.

Case 1 had been taking bichloride for one month with very little improvement. Under Mercurol, three grains maximum dosage, the symptoms were under control in five weeks.

Case 2 had been under biniodide of mercury (one-sixteenth of a grain) and potassium iodide (five grains), which caused iodism. His symptoms were controlled in one month under half a grain of Mercurol.

In Case 3 unguentum hydrargyri had failed to control the disease. The patient was put on Mercurol and the dosage pushed up to six grains three times a day. The disease was thoroughly under control in seven weeks.

Case 4 had been on three-eights of a grain of biniodide of mercury and twenty grains of potassium iodide for two months. The medicine caused nausea and vomiting. Having been put on Mercurol and the dosage gradually increased to five grains three times a day, the symptoms were controlled in three weeks.

Case 5 had been taking hydrargyrum bichloride (one-twelfth of a grain) three times a day, under which an eruption on his face had faded, but the eruption on his body still persisted. His symptoms disappeared in two weeks under a maximum dose of three grains of Mercurol three times a day.

Case 6 had been on bichloride of mercury (three-sixteenths of a grain)

for three months, in spite of which he had palmar syphilide of an eczematous variety. All appearances of the disease disappeared after he had been one month on Mercurol, his maximum dose being three grains three times a day.

Case 7 had been taking one-quarter of a grain of Mercurol and fifteen grains of potassium iodide, with the result that the eruption had decidedly improved, though not to the extent that it should have done. There were thickened red patches on the face, covered with scale eruptions. The symptoms almost entirely disappeared within three weeks under a maximum dosage of five grains of Mercurol three times a day and fifteen grains of potassium iodide.

Case 8 had been treated with inunctions of mercury, under which the eruptions disappeared, but the pains in the bones still persisted. He was relieved in three weeks under a maximum dosage of four grains of Mercurol three times a day.

Case 9 had been taking other forms of mercury for six months. The form which had done him most good was bichloride. Yet one-fifth of a grain did not control the disease. He had been taking that for two months when he was placed on Mercurol. The dosage in his case was pushed up to six grains three times a day, and at the end of seven weeks all his symptoms had disappeared.

Case 10 had been taking medicine off and on for two years, but his symptoms never disappeared entirely. After being two weeks on Mercurol (two grains three times a day) with the addition of potassium iodide, all symptoms have disappeared.

Ayers, in conclusion, states that he uses Mercurol in his private practice to the exclusion of all other drugs. His experience is that he gets better results. He has found no form in which mercury can be given with such good results as in that of Mercurol.

Extraordinary Results in the Treatment of Diphtheria.

The following is a report on two cases of diphtheria in which I used antidiphtheritic serum with extraordinary results:

The first case was that of a boy one and a half years of age. I was called to visit the child on the third day of the disease and found him suffering from diphtheria, the tonsils being very much enlarged and swollen, and membrane present in large quantities. I wished to intubate, but as the family objected, I administered 2,000 units of the antidiphtheritic serum of Messrs. Parke, Davis & Co., following with 1,500 units in the evening of the next day. Three days afterwards he was out of all danger, and a culture made on the tenth day of the disease was reported by the health department to contain no Klebs-Loeffler bacilli.

The second case was that of a girl, 6 years old. I was called on the fifth day of the disease, and found the patient comatose. Here again it seemed that intubation was the only means of saving the girl's life, but the family being opposed to it, I gave her 3,000 units of antidiphtheritic serum (P. D. & Co.) following two days later with 2,000 units more. Six days after the first injection the girl was up and around the house. On the thirteenth day of the disease a culture sent to the health department was reported on negatively.

The usual applications of antiseptics were employed in addition to the treatment with the antidiphtheritic serum, yet I do not hesitate to say that the serum was the means of saving life in both cases. I have also used the same brand of serum in eight other case during the last two months, and thus far I have had no fatalities.—*Buffalo Medical Journal.*

Rectal Feeding after Abdominal Operations.

Much of the success of abdominal surgery at the present day is attributable to the great care bestowed in the preparation of the patient for operation and the after-treatment. As in many instances the nutrition is more or less seriously impaired, the question of alimentation assumes great importance in the after-management of the case. After operations upon the stomach and intestinal tract, it may be, and often is, hazardous to feed the patient by mouth for some time, and rectal feedings become indispensible. In selecting foods for nutritive enemas, the point to be borne in mind is that the mucous membrane of the lower portion of the intestinal canal has but little digestive power, and hence the nourishment must be presented in such form that it can be easily absorbed. Another point is that the mucous membrane of the lower bowel soon becomes irritable unless the nutritive material is perfectly bland, and also in such condensed state as to leave behind no residue to decompose and act as an irritant. Physiological experiments have shown that when albuminous material is transformed into albumoses, it is absorbed almost immediately without requiring any preliminary digestion, and after being taken up into the circulation, is rapidly reconverted into serum albumin. For this reason the albumoses are well adapted for rectal feeding, and according to the observations of Dr. J. B. Herrick, of Chicago (*Chicago Medical Recorder*), and of Dr. L. H. Watson, of Chicago, (*Medical Review of Reviews*), somatose, which is a pure preparation of albumoses, is an excellent nutrient for this purpose. It may be administered alone in solution or in connection with other foods, such as milk and white of egg. In the official report of the case of the late President McKinley (*American Journal of the Medical Sciences*) it is stated that somatose was utilized in a saline solution in amounts of one drachm at a time. In the article on rectal alimentation referred to, Dr. Watson recommends that the bowels should be emptied by a preliminary laxative or cleansing injection before administering the nutritive enema. The enema should be given at regular intervals through a soft rubber tube, and should be inserted rather high into the rectum. The amount should not exceed four or five ounces. As soon as the gastrict disturbances subside the patient may be given small quantities of food by mouth, gradually diminishing the number of rectal enemas.

The Business Side of the Profession.

Surely the business end of the doctor demands more attention. I have often thought that every medical college should have a special chair devoted to the proper training of the medical student along practical business and ethical lines.

The average practitioner of medicine has never read a copy of our Code of Ethics, much less been properly trained during his student days in his relations to his fellows and his duty to himself.

The eminent neurologist, successful practitioner and college president, Dr. Charles H. Hughes, of St. Louis, in a recent issue of the *Alienist and Neurologist,* discussing this topic, says:

"Better business organization among medical men is an imperiously demanded necessity for the common professional welfare. We meet and read papers for the edification of each other and mutually help in the advancement of our science and art for the welfare of man, but do little else of a business character, like other big organizations, for mutual financial interests or the promotion of higher public appreciation, and the greater influence and higher standing of the medical profession.

"Medical men have not the rank and standing they should have in the army and navy.

"They have not the rank and standing they should hold in general public esteem in the councils of the nation.

"They have not the standing and appreciation they should have with the insurance companies.

"The high and professional qualifications and the general intelligence of medical men is far above the average man, yet men of less intelligence and capability are more prominent in all the great affairs of men. The doctor takes what they choose to bestow, like a medicant, instead of asserting his right as an educated and qualified man, to place the power with the rest. Somebody says, untruly, the doctor has no ability, and that settles the doctor, for he acquiesces. Why are medical men so illy appreciated compared with their worth?

"Why has the Surgeon General of the American army only the rank of brigadier-general and why is not the greatest of all interests, the sanitary, not represented in the President's Cabinet? The sanitary welfare of the people is surely equal to that of law or agriculture and as essential to successful war or financial or commercial prosperity.

"The answer is in the supineness and non-assertiveness of the medical profession. It walks in the wake of the clergy, like an almoner, instead of counsellor and master in knowledge of man and matters of utility to the people, and accepts with thanks the crumbs that are thrown to it. It serves the kings of finance for pittances and rescues the afflicted poor and lifts the people's burden in this respect for nothing, while the people accumulate by wisely spending the time in money-making which the doctor spends in lifting the whole of the people's common burdens of charity with free dispensaries. The profession of medicine walks behind, when it ought to lead, and it could and would lead if organized for that purpose. Through combination of its intelligence and unity of action, it would have just warrant to lead the people when now it meekly and almost obsequiously follows. Forward, men of medicine."—*Dr. C. H. Hughes, in Medical Mirror.*

Don't disregard the well-ascertained fact that the Brand bath (of 65 to 70 degrees F. every three hours when awake, with active friction) is the ideal bath for typhoid fever only.

Selections From the Medical Press.

Metrorrhagia in Young Girls.

Siredy (*Revue prat. d'Obstetrique et de Gynecologie,* 1900, No. 3,) calls attention to cases of metrorrhagia in young girls in whom no local cause can be discovered to account for the phenomenon. The writer believes that while heredity may play some part, the natural tendency is aided by overexertion, especially by horseback riding, cycling, dancing, etc., which stimulates the pelvic circulation.

As regards treatment, hot vaginal douches and tampons are rarely necessary, and should not be resorted to except in extreme cases. Prolonged hot rectal irrigation with the double-current tube is a useful means of local tratement. Absolute rest in bed throughout the entire period should be maintained. Long walks, dancing, the use of the bicycle and sewing machine, horseback riding, or long standing must be interdicted, and at other times should be permitted only in moderation.

Careful attention to the general health, regulation of the diet, and overcoming of inherited defects are importants adjuvants. Hydrotherapy, especially the cold douche, is a valuable means of diminishing pelvic congestion. Life in the country, with the absence of all exciting social elements, is preferable.—*Amer. Jour. Med. Sciences.*

A Foreign Body in the Nose.

Gross (*Munch. Med. Woch.,* Oct. 1, 1901,) reports the case of a nine-year-old boy who had a very fetid discharge from the left nostril which had existed for over two years. There was a very severe dermatitis about the left nostril and the upper lip. The septum was bent to the right; the left side of the nose was larger, but not sensitive upon pressure. The right nostril showed nothing pathological, but the examination of the left side was very difficult and painful. The secretion had a most terrible stench. For eleven days treatment consisted of the application of swabs soaked in cocaine and argentum Crede. When at last it was possible to introduce a speculum, an incrusted foreign body was diagnosed. The boy was chloroformed, and with a curette the rhinolith was brought out. The severe hemorrhage was controlled by tamponing with cotton saturated with hydrogen peroxide. The rhinolith was the size of a hazelnut and proved to be an encrusted shoe button, which the boy admitted that he had placed in his nose four years previously. The author concludes that every foreign body, as soon as diagnosed, should be removed at once, and that every unilateral fetid discharge in the noses of children indicates the presence of a foreign body.—*Med. Age.*

Consulting the Physician.

Perhaps one of the worst mistakes which people are apt to fall into is that of neglecting to make use of the services of reputable physicians when they are actually in want of them. What a common thing it is to hear a thoughtless individual boasting, and with evident satisfaction in his claim, that has has no use or need for the services of a physician, and would have the whole fraternity done away with if he could have his way, their knowledge or skill being not one whit superior to his own in any way as far as he could see.

Now this is folly; it is mere speculating, with life and death as the stakes, to rely upon one's self in case of sickness. It is bad enough to gamble with one's property, to place it in danger of loss with an unfortunate turn of affairs, but to gamble with life itself, which is not man's own to give or take away, is unpardonable.

We have good and wise laws which provide that no one shall hold himself out to the public as a physician until he has fulfilled certain requirements by way of preparation. This is well, and as it should be. But on the other hand, there is not a regulation of any kind whatever upon any of our statute books which in any way obliges a man who is dangerously sick to make use of the skilled services thus provided by the requirements of the State. A man may set them all at defiance if he will—frequently slap them in the face.

It sometimes seems strange that this should be so, but the explanation of it seems to be that the State assumes that every man will have the good sense to make use of the assistance at hand; and so indeed he ought.

Some time ago a missionary, who was a skillful physician, determined to go into Korea to teach the Gospel truths there. He was assured that his undertaking was a hazardous one, and would doubtless end in the loss of his life, but he determined to make the attempt, nevertheless. By means of his skill in his profession he gradually worked his way into the confidence of this people, and was enabled to gain a foothold among them thus. One day a high official was wounded severely, and as a last resort the stranger was sent for. He found the native doctors endeavoring to stop the flow of blood from a severed artery with warm wax! Great was their awe at his skill in handling the case.

There are just such people to be met with at home, to-day. Don't be a warm-wax Chinaman. Show yourself possessed of the sound sense which the law has paid you the compliment of assuming you to possess. Send for the doctor as a first, not as a last resort. It stands to reason that his knowledge and experience are superior to yours.—*Medical Age.*

Good Advice. We clip the following from the *Oklahoma Medical News*:

"New physicians who contemplate coming to Oklahoma should in all cases bank enough money to pay their fare "back home" again, as from the present influx it looks as if a large number would "treak" back or starve.

Don't use the Brand bath in a bathroom.

Don't use the ice coil to the abdomen; it has no refreshing effect and renders the skin beneath it cyanotic.

THERAPEUTIC HINTS.

Gastic Fermentation.

Massage and "Zimmer Gymnastic" after the method of Schreber led to material improvement. The nervous symptoms, often in the ascendency, can be relieved by giving the patient agreeable occupation. Make the heart light by keeping the brain active. For well-selected cases, where fermentation is excessive, belching of gas annoying, constipation depressing, with pressure symptoms, the following formula is suggested:

℞ Strichniæ sulphatis ..... 0.06 gm.
Ext. belladonnæ fld ..... 0 6 "
Aquæ lauri ceras.....50.0 "
Tinct. gelsemii.....12 0 "
Aduæ puræ..... ... .ad. 128.0 "

—ELSNER, *International Magazine*, July.

Dr. B. Ray Browning, of Littleton, N. C., in *New York Medical Journal*, of December 14th, advises the following for acude amygdaletes:

℞ Tincture of iodine..... 1 fluid drachm;
Patassium iodide. 15 grains;
Carbolic Acid .....10 minims;
Glycerin .....½ fluid ounce;
Water, enough to make 4 fluid ounces;

M. The patient is to spray the throat every hour in mild, and every one-half hour in severe cases.

The tincture of iodine is, as you can readily see, the prominent ingredient, the carbolic acid acting as an anaesthetic.

It is my habit to preface the treatment with a cleansing spray of hydrogen dyoxide and to use the abovementioned solution thoroughly. I believe the pure tincture of iodine to be too severe for many sensitive throats; the solution mentioned obviates irritation, though still retaining its specific virtues. The relief in many cases is instantaneous, continuing until a permanent cure is effected. To those unacquainted with this formula I bespeak a trial at their hands, feeling assured that it will not disappoint them.

Hydrotherapeutic Don'ts.

Don't bathe with cold water to reduce temperature, but to refresh the fever-stricken patient.

Don't permit cyanosis of chattering of teeth; stop.

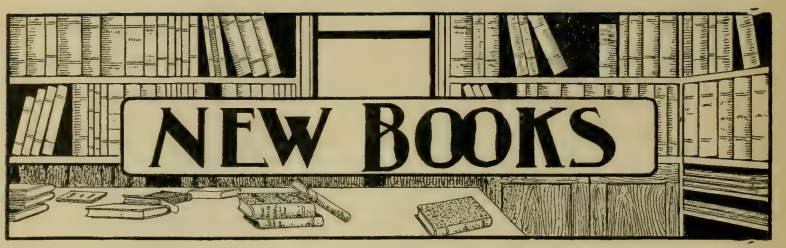
Don't stop bathing because patient complains of chilliness, unless the teeth chatter.

Don't raise bath temperature on the latter account; shorten bath and increase friction.

Don't neglect friction during every cold procedure; it prevents chilling.

Don't lose sight of the fact that the chief aim of all cold procedures is reaction.—DR. L. BARUCH, *Therapeutic Gazette*, September, 15, 1901.

Above was clipped from *Medical Record*, December 14, 1901.



Saunders' Medical Hand-Atlases.

ATLAS AND EPITOME OF THE NERVOUS SYSTEM AND ITS DISEASES.—By Professor Dr. Chr. Jakob, of Erlangen. From the second revised German edition. Edited by Dr. Edward D. Fisher, M. D., Professor of Diseases of the Nervous System, University and Bellevue Medical College, New York. With 83 plates and copious text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.50 net.

In this Atlas the author has portrayed an instructive section of medicine which is usually extremely difficult of mastery by students and practitioners. This work will be of great value to the physician. The matter is divided into Anatomy, Pathology and Description of the Diseases of the Nervous System. The plates illustrate these divisions most completely. There is probably no work in existence in which so much is compressed within so small a space. The book is comprehensive and practical.

ATLAS AND EPITOME OF OBSTETRIC DIAGNOSIS AND TREATMENT.—By Dr. O. Schaeffer, of Heidelberg. From the second revised German edition. Edited by J. Clifton Edgar, M. D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 122 colored figures on 56 plates, 38 other illustrations, and 317 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.00 net.

This book treats particularly of obstetric operations, and besides the wealth of beautiful lithographic illustration, contains an extensive text of great value. The symptomatology and diagnosis are discussed with all necessary fullness, and the indications for treatment are definite and complete. In this new edition both text and illustrations have been subjected to a thorough revision. Most of the colored plates are new, and illustrate the modern improvements in technique as well as a vast amount of new clinical material.

ATLAS AND EPITOME OF LABOR AND OPERATIVE OBSTETRICS.—By Dr. O. Schaeffer, of Heidelburg. From the fifth revised German edition. Edited by J. Clifton Edgar, M. D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 14 lithographic plates, in colors, and 139 other illustrations. Philadelphia and London: W. B. Saun-

ders & Co., 1901. Cloth, $2.00 net.

There is no branch of medicine or surgery that is so difficult to demonstrate as that of midwifery; hence any positive aid, such as this Atlas furnishes, is to be hailed with satisfaction. The author has added to the multitude of obstetric subjects already shown by illustration, many accurate representations of manipulations and conditions never before clearly shown. As a guide in the perusal of text-books and as a volume of ready reference, this book will prove invaluable.

PRACTICAL FIRST PRINCIPLES.— Simplifying the study of normal and abnormal structure and function, and aiding diagnosis. Designed for the use of students and practitioners of medicine. By A. H. P. Leuf, M. D., associate editor of *The Medical Council,* Philadelphia. Published by *The Medical Council,* Twelfth and Walnut Sts. 8 vo., 105 pages, nearly 50 illustrations, almost all new and original. Price $1.00 net.

This work is original in conception, is true, and recognizes the detached mode of instruction now and always in vogue in the teaching of medicine, on which account it has been offered to the profession to make up this deficiency by supplying the connecting links between the various departments. To the student beginning the study of medicine it gives a comprehensive resume of some of the most important principles which he has to continually apply, easing his understanding and greatly simplifying his studies. It teaches underlying principles and their general application, so that a fact learned of one tissue applies equally to all. Thus inflammatory processes are divided into acute or chronic, and parenchymatous and interstitinal. Once the easily remembered facts of these inflammatory changes are understood of one tissue, they become applicable to all, so that if the histologic structure and the function of a part are known, its significance and symptomatology may be quite accurately inferred.

Beginning with protoplasm and the cell, it precedes in sequence to the consideration of tissues, organs, apparatuses, systems, the body as a whole, cell nutrition, cell physiology, cell pathology, general principles, their illustrative application, nomenclature, and an appendix dealing with an explanation of the microscope.

There are few men who do not need this book and none who can regret having it. To all such it will prove, as it was intended to be, a source of pleasure and of profit.

NOTHNAGEL'S ENCYCLOPEDIA OF PRACTICAL MEDICINE. — Edited by Alfred Stengel, M. D., Professor of Clinical Medicine in the University of Pennsylvania; Visiting Physician to the Pennsylvania Hospital.

It is universally acknowledged that the Germans lead the world in internal medicine; and of all the German works on this subject, Nothnagel's "Encyclopedia of Special Pathology and Therapeutics" is conceded by scholars to be without question the best best system of medicine in existence. So necessary is this book in the study of internal medicine that it comes largely to this country in the original German.

In view of these facts, Messrs W. B. Saunders & Company have arranged with the publishers to issue at once an authorized edition of this great encyclopedia of medicine in English.

For the present, a set of some ten or twelve volumes, representing the most practical part of this encyclopedia, and selected with especial thought of the needs of the practical physician, will be published. The volumes will contain the real essence of the entire work, and the purchaser will therefore obtain at less than half the cost the cream of the original. Later, the special and more strictly scientific volumes will be offered from time to time.

The work will be translated by men possessing thorough knowledge of both English and German.

Each volume will be edited by a prominent specialist on the subject to which it is devoted. It will thus be brought thoroughly up to date.

The usual method of publishers, when issuing a work of this kind, has been to compel physicians to take the entire system. This seems to us in many cases to be undesirable. Therefore, in purchasing this encyclopedia, *physicians will be given the opportunity of subscribing for the entire system at one time*, but *any single volume* or any number of volumes *may be obtained by those who do not desire the complete series.* This latter method, while not so profitable to the publisher, offers to the purchaser many advantages which will be appreciated by those who do not care to subscribe for the entire work at one time.

This American edition of Nothnagel's Encyclopedia will, without question, form the greatest system of medicine ever produced, and the publishers feel confident that it will meet with general favor in the medical profession.

Bergey's Principles of Hygiene. —The Principle of Hygiene: A Practical Manual for Students, Physicians and Health Officers. By D. H. Bergey, A. M., M. D., First Assistant, Laboratory of Hygiene, University of Pennsylvania. Octavo volume of 495 pages, Illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $3.00 net.

This book is intended to meet the needs of students of medicine in the acquirement of a knowledge of those principles upon which modern hygiene practices are based, and to aid physicians and health officers in familiarizing themselves with the advances made in hygiene and sanitation in recent years. The book is based on the most recent discoveries, and represents the practical advances made in the science of hygiene up to date.

Among the important subjects considered are ventilation, heating, water and water supplies, disposal of sewerage and garbage, food and diet, exercise, clothing, personal hygiene, industrial hygiene, school hygiene, military and naval hygiene, habitations, vital statistics, disinfection, quarantine, etc. The idea of the book is to give the reader a clear understanding of the general principles of this broad subject. The rapid strides made in our knowledge of the entire subject has rendered such a book, reflecting the more recent discoveries, a necessity to physicians and students of medicine.

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Medical News and Items.

Smallpox has been very fatal among the natives of Alaska.

The physicians of Manila have formed themselves into a medical society.

Dr. B. T. Bitting has removed from Mizpah to Rural Hall, Forsyth county, N. C.

Osteopathy in Iowa is in the courts, testing the constitutionality of the State law regarding the practice.

Dr. William Harriss, of Wilmington, N. C., died in that city on December 7th, in the 78th year of his life.

The Marsh-Highsmith Sanitarium, located at Fayetteville, N. C., has recently been enlarged and thoroughly equipped.

Beginning with the session of 1902-03, the dental course of the University of Pennsylvania will be increased from three to four years.

In a Paris hospital, a nurse placed a child in a bath of almost boiling water, resulting in fatal scalding. She was fined $400 and condemned to fifteen days imprisonment.

Battle Creek, Mich., is a great centre for the manufacture of health food, having no less than fifteen companies engaged in this business, with a capital stock of over $10,000,000.

University College of Medicine, Richmond, Va., authorities have passed a new law requiring that in future credit of one year in the medical course will not be allowed merely because a student has an academic degree.

Dr. Trimmer, of White Haven, has donated a tract of land situated on Green Mountain, for the establishment of a free hospital for consumptives. It is thought that the State will appropriate $100,000 for carrying out that purpose.

The Los Angeles board of health has issued a notice to physicians, dentists and pharmacists; that the provisions of the law regulating practice in that city will henceforth be rigidly enforced, and that those attempting to practice without a license will be prosecuted.

The fourth annual meeting of the Tri-State Medical Association of the Carolinas and Virginia, will be called to order in Asheville, N. C., February 25th, 1902, at 10 o'clock a. m. All Fellows intending to read papers should communicate with the secretary, Dr. H. A. Royster, Raleigh, N. C., giving title, not later than January 15th.

The Tennessee Board of Pharma-

What would you think of a preparation composed of Beef, Iron, Cinchona and Brandy? What might you expect it to do, if therapeutically administered?

"**Extractum Carnis** removes fatigue, strengthens the heart, tones the nervous system, improves the functional activity of the stomach, and aids the digestion of foods."—W. Gilman Thompson.

"The physiological action of **Iron** is not limited merely to the construction of red blood. It promotes the appetite, and invigorates the system. It increases not only the disposition for food, but also the ability to dispose of it."—Roberts Bartholow.

"**Cinchona** is a bitter, stomachic tonic. It promotes appetite, and strengthens digestion. It is a heart stimulant and nerve tonic in small doses."—Samuel O. L. Potter.

"**Alcohol** literally refreshes the system exhausted by physical or mental labor. It not only increases the appetite for food, but also aids the digestion of food."—Alfred Stillé.

Colden's Liquid Beef Tonic [Ext. Carnis Fl. Comp. (Colden) No. 1, with Iron; No. 2, without Iron] has enjoyed the reputation of being one of the standard 'Extractum Carnis' preparations prescribed by the medical profession for about thirty years. It is not our intention here to describe its exceptional qualities or its superior merits. An old-reliable and long-established favorite does not need to be continually 'pushed' to be kept before the minds of the profession. Preparation No. 1 contains Beef, Iron, Cinchona and Brandy; while in Preparation No. 2, the Iron is omitted. Its therapeutic uses are suggested by the formula. Sold by Druggists generally.

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cy have found adulteration of drugs in their own State, and have evidence of its prevailing elsewhere. Four offending Nashville druggists whose wares were found adulterated with 50 per cent. of water or other ingredients have been indicted, and other indictments are anticipated. The State law requires that drugs must be 100 per cent. pure, the standard of the United States Pharmacopeia.

The McDowell Building, in Danville, Ky., where Dr. Ephriam McDowell performed the first successful ovariotomy, was sold at auction October 21, in order to effect a division of property interests of the owners. The Central Kentucky Medical Association had made unsuccessful efforts in the past to purchase the structure as a meeting place for the organization. Owing to the growth of the town the building is in an undesirable location.

Virchow's eightieth birthday was celebrated in Berlin on October 12. Prominent men of science from all parts of the world were assembled for the occasion, as well as distinguished officials, the entire Berlin faculty of medicine, and deputations from all the German universities. Professor Virchow received an ovation at the Pathologic Institute, and made a speech on the "Development of Pathologic Science," which lasted nearly two hours. In the evening there was a banquet given in the lobby of the Lower House of the Prussian Diet, lasting until midnight. Professor Waldeyer, secretary of the Academy of Science, presented Professor Virchow with 50,000 marks, subscribed by the medical men of Germany, to increase the endowment of the Virchow Institute. Emperor William conferred upon him the Great Gold Medal for Science, and the King of Italy sent a gold medallion bearing a portrait of himself. In New York, in celebration of the occasion, one hundred eminent physicians gathered at a banquet presided over by Prof. William Osler, of Johns Hopkins University, and in Milwaukee it was similarly observed. —*Medical Age.*

I have employed the Pepto-Mangan (Gude) in a case of marked secondary anaemia with profuse gastro-intestinal hemorrhages due to an ulcer of the stomach, with most excellent results. The patient, an extremely weak woman, who was somewhat disinclined to take any kind of medicine, praised within a short time the very agreeable taste of the preparation, and her appetite and condition of nutrition improved very rapidly, so that at present she exhibits a very healthy appearance. Pepto-Mangan has been regularly continued in her case.

According to my other experiences I am warranted in concluding that your Pepto-Mangan, owing to its agreeable taste and readily digestibility, even in the presence of impaired gastric function, belongs to our most valuable ferruginous preparations.

DR. AUG. HAMMER,
Med. Councillor; City Phys.
Bathing Establishment at Langerberg, near Marienbad, Bohemia,
August 21, 1901.

Death of Miss McGuire.—We are sorry to announce the recent sudden death of Miss Augusta, daughter of the late illustrious Dr. Hunter McGuire.

Newer Materia Medica.

A Case of Atrophic Rhinitis.

By Lewis R. Palmer, M.D., Baltimore, Md.

The case presented for your consideration to-day is one of atrophic rhinitis. It seems of interest to me on account of its ætiology and duration of thirty-five years, and also because the treatment has been entirely local, no internal remedies whatever having been given.

The case under discussion is Mrs. B., age forty-two years. Patient was vaccinated at seven years of age. The virus was a scab from a previous vaccination. In two days the local inflammation increased sufficiently to form pus. In three days after this, macules developed on different parts of the body, which soon changed into papules and pustules with incrustation and increased rapidly in size and numbers. At the end of three weeks the body from head to foot was covered with scabs. Whenever they were broken there wound ooze out a yellowish-green pus. This condition existed for several weeks, and it was seven months before the body was entirely free from this erption.

With the appearance of these macules on the body, ulcers formed in the mouth. At the same time a nasal catarrh developed which consisted of a discharge similar to that which oozed from the other incrustations. This was followed by the formation of crusts which completely filled the nares making nasal respiration impossible. As the condition of the body disappeared that of the mouth and nares slowly improved. The ulcers in the mouth soon healing; but it was one year before the crusts disappeared from the anterior nares and nasal respiration was established.

From that time to the present, there have been the following symp-

CURES WHILE THEY SLEEP.

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An antiseptic, antispasmodic and prophylactic, to be vaporized for the treatment of WHOOPING COUGH, CROUP, BRONCHITIS, ASTHMA, DIPHTHERIA, and kindred diseases of the throat and air passages.

It takes time to prove the value of a remedy; CRESOLENE has twenty-one years behind it and the assurance of a vigorous and growing demand, beside the personal acknowledgment of many physicians that it is the best remedy, particularly for

Whooping Cough and **Croup** ever introduced. The application of CRESOLENE is simplicity itself. The Vaporizer acts from five to six hours without attention. The patient simply breathes the medicated air of the room. The treatment being by inhalation does away with the necessity of waking the patient, which, in itself, is of sufficient importance to warrant giving it a trial. **CRESOLENE may be used in connection with any other treatment,** and is used with success in the treatment of **Diphtheria, Scarlet Fever** and **Measles**. CRESOLENE is a product of coal tar, of much greater antiseptic power than carbolic acid. Send for descriptive booklet, containing physicians' testimonials and price list.

Notice. Physicians will be allowed a liberal discount, express paid on first order, and money back if not satisfied.

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PEDIATRICS—August Shibert, M. D.
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OBSTETRICE—Edward A. Ayers, M. D.

For further information write to
DR. W. R. TOWNSEND, Secretary, 214 East 34th St., New York.

toms: frontal headache, epistaxis, constant sense of obstruction in posterior nares with continued dropping of mucous, worse at night. In the morning, on rising, nose would be obstructed, making nasal respiration difficult. There could be elicited no specific history nor any symptoms which would indicate any dyscrasia.

On making an examination, there was found atrophy of the turbinated bones, particularly the inferior ones. The left inferior turbinated bone was most affected. The mucous membrane of the posterior pharynx revealed a thick tenacious mucous adhering to its walls, giving rise to a sensation of foreign body in the pharynx, causing a constant desire to relieve the throat from this obstruction.

On studying the case the following conclusions were deducted: First, that due to some impurities in the virus used, there had been establishd a septic condition resulting, for a time in inflammation and suppuration of the skin and the whole mucous tract. Secondly, a chronic nasal catarrh, from this infection of the nasal mucous membrane resulted, which in time developed into an atrophic rhinitis. Thirdly, that this condition was a local affection, and such being the case, used only local treatment with most satisfactory results.

The line of treatment consisted of first cleansing the nostrils from all crusts by cotton fastened on the end of a probe and saturated with olive oil. After which the nose and throat were thoroughly sprayed with Sabalol Spray. This is an oily solution

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